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ABSTRACT

The goals of this practicum were to: (1) create more suitable and stimulating structured environments that would engage severely/profoundly handicapped children in positive play situations in the classroom and in the home, and (2) teach parents and caregivers how to identify age appropriate and developmentally appropriate playthings. Inservice sessions were held for day training personnel who worked with 44 individuals, aged 3-21, with severe/profound mental retardation. Workshops were held for home caregivers on play skills and environmental planning. Other components of the project included development of a toy library and evaluation of the classroom environment for appropriateness in play and attachment behaviors. At the conclusion of the project, the children exhibited more appropriate play skills and social interaction skills during play sessions; their fine motor and cognitive functioning improved; room management techniques maximized the potential of resources and personnel; parents took a greater interest in their child's toy selection; and inappropriate self-stimulatory behaviors were inhibited. Appendices include ratings for toys used in the program, a play skill questionnaire and checklist, and a play skill curriculum. (Author/JDD)

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An Integrated Program Designed to Increase Positive Play Behaviors in Young, Day-Training Eligible Children

by

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An Integrated Program Designed to Increase Positive Play Behaviors in Young, Day-training Eligible Children

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Cluster XXI

A Practicum II Report Presented to the Ed. D Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1988

SEP 2 3 ...

This practicum took place as described.

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This practicum report was submitted by Natalie Kreitzman under the direction of the advisor listed below. It was submitted to the Ed.D Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

9/1/88
Date of Final Approval of Report

Dr. JoEllen Salce Rogers

This practicum report could not have been written without the cooperation and support of the staff and parents of the Middlesex Day Training Center.

The writer gratefully acknowledges the assistance of the late Ann Altshuler Kreitzman, Sharon Ratiner, Kathleen Wolff, and Dr. Mary H. Harding.

Requests for reprints should be sent to Natalie Kreitzman, 1377 Rahway Avenue, Avenel, N.J. 07001.

TABLE OF CONTENTS

		Page
ACKNOWLEDGEMENT		iii
TABLE OF CONTENTS		iv
ABSTRACT		vi
Chapter		
I	INTRODUCTION	1
	Description of Community	1
	Author's Work Setting and Role	3
II	STUDY OF THE PROBLEM	4
	Problem Description	4
	Problem Documentation	8
	Causative Analysis	8
	The Related Literature	11
III	ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS	20
	Statement of General Goals	20
	Behavioral Expectations	20
	Evaluation Instruments	21
IV	SOLUTION STRATEGY	24
	Discussion and Evaluation of Solutions	24
	Description of Selected Solution.	25
	Report of Action Taken	27
V	RESULTS, CONCLUSIONS AND RECOMMENDATIONS	42
	Results	43
	Conclusions	47
	Recommendations	52
	Dissemination	52
REFERENCES		54

Appendixes

A	CONSUMER EVALUATION SHEET AND RATING OF TOYS USED IN PLAYTIME PROGRAM	59
B	PLAYSKILL QUESTIONNAIRE AND CHECKLISTS	66
C	PLAY SKILL CURRICULUM	78
D	TALLEY SHEET	106
E	LIST OF BOOKS	108
F	POSITIVE AND NEGATIVE BEHAVIORS RECORDED IN RESPONSE TO THE PRESENTATION OF A TOY	114

ABSTRACT

An Integrated Program Designed to Increase Positive Play Behaviors in Young, Day-training Eligible Children. Kreitzman, Natalie R., 1988: Practicum Report, Nova University, Ed. D. Program in Early and Middle Childhood.
Descriptors: Severe Mental Retardation/Nonverbal Communication/ Communication Skills/Parent Participation/Parent Role/Parent Influence/Paraprofessional School Personnel/Teacher Aides/Play/ Children's Play/Toys/Environment/Therapeutic Environment

This practicum was designed to teach paraprofessionals, careproviders in the home and local toy manufacturers the importance of play to severely and profoundly handicapped children. The primary goal was to create a more suitable, and stimulating structured environment for engaging more youngsters in positive play situations in the classroom and in the home. The secondary goal was to promote more positive social interactions and more advanced play skills in the day training population. The aim was to teach the adult participants how to identify age appropriate and developmentally appropriate playthings. A second aim was to share techniques with the participants which were specifically designed to facilitate communication in the multi-handicapped youngster.

The writer procurred toys and educational materials for a center library; administered a playskill questionnaire to the caregivers as a means of gaging the child's home environment for signs of healthy play/attachments; planned and conducted two workshops for the day training personnel and for the caregivers in the home in order to promote a playtime program; supervised the home and classroom programs and evaluated the classroom environment as to appropriateness for play and attachment behaviors.

The results of the practicum were encouraging. Analysis of the data revealed that as a result of this program, new social relationships had been formed between client and staff member. Children were beginning to use their free time in a more constructive fashion. Fine motor and cognitive functioning improved slightly or moderately; room management techniques maximized the potential of resources and personnel; parents took a greater interest in their child's toy selection; and inappropriate self-stimulatory behaviors (typical for this population) were inhibited. From a practical standpoint, parents who participated in an aspect of the program became more capable of developing realistic play skill goals for their children at IEP conferences.

CHAPTER I

INTRODUCTION

Description of Community

The writer is employed as a speech-language pathologist in a day training center for the severely and profoundly retarded which is a public educational program operated by the Division of Developmental Disabilities in nearly every county of the state. Those who elect to work with this special population are required to attend workshops which address the problems and competencies needed by educators and the like to deal with these problems: e.g., training to compensate for severe sensori-motor deficits; beginning verbal and nonverbal communication; parent involvement; use of adaptive equipment to enhance general development; and basic self-help and maintenance (including feeding and toileting). A day training center is the only alternative to a residential facility as the public schools are not capable of dealing with the needs and educational programming for this population. Day training centers enable the child to remain with his family and to benefit from the varied resources of the community. Like the residential schools, however, they tend to isolate retarded children from their non-handicapped peers, and their centralized location necessitates fatiguing travel for many.

This particular day training center is located in a well-traveled, industrial area of the state. It is situated between a penal institution, a diagnostic center for troubled youth and a residential placement for the mentally retarded. Thus far the residents

of the community have had little or no reason to familiarize themselves with what goes on at the center. Occasionally, a few residents will attend a fundraiser, such as a flea market or a bake sale. Although the center is regarded as an institution of learning, the children do not come into contact with their neighbors on a regular basis. The staff members feel that the community is uncertain as to the types of children the center serves and its affiliation with the surrounding institutions.

The center employs six full-time teachers, one full-time occupational therapist, three part-time physical therapists, one full-time speech-language pathologist, one part-time speech-language pathologist, and one part-time translator. Paraprofessionals (referred to as technicians and aides) as well as an educational specialist , a center administrator, a center supervisor and two full-time nurses provide services to the youngsters ages 3-21. In addition, the center employs bus drivers who transport the children who reside in 13 different communities. None of the children resides in the town in which the center is located. Some of the children live in rural areas, while others live in the inner city and in the suburbs. There are 44 youngsters from 40 families. There are 30 white youngsters, 9 Hispanic youngsters, 13 black youngsters, 1 child who is the product of of interracial marriage, and 1 Indian child. There are 6 single-parent households, 6 foster care families, and 32 youngsters who reside with both a mother and a father. The families can be described as less-advantaged to extremely well-to-do.

The youngsters at this facility are classified eligible for

day training. Eligible for day training means a level of functioning profoundly below age expectations, whereby on a consistent basis, the pupil demonstrates an inability to make known basic wants and needs, and requires total personal care and supervision. In addition, such severely involved children, may include those who aggress toward others, self-mutilate, self-stimulate, do not walk, talk, hear or see, manifest durable and intense temper tantrums, manifest minimally controlled seizures and/or have extremely brittle medical existences (Sontag, Burke, & York, 1976).

Author's Work Setting and Role

The writer is one of two speech-language pathologists employed at the center. Both hold advanced degrees, are licensed to practice in the state and hold the Certificate of Clinical Competence from the American Speech-Language-Hearing Association. The speech-language pathologist is concerned with the acquisition, development, reception, production, and/or improvement of communication. The speech-language pathologist identifies disorders of language (both receptive and expressive), articulation, fluency, voice and hearing and develops appropriate therapy programs. She is also involved with oral-motor function/dysfunction as it relates to communication and feeding. At present, this clinician provides direct therapy to 17 youngsters. The remaining youngsters are seen on a consultative basis or are served by the other speech-language pathologist. Moreover, this clinician is required to present two inservice workshops to staff and distinguished visitors each year.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The educators in this day training facility for profoundly and severely retarded children spend a good portion of the school day assisting 44 youngsters with their self-help routines. The self-help skills which must be considered are: toil[illegible]g, diapering, eating with utensils, feeding, dressing a[illegible]dressing, bathing and oral hygiene. In addition, the educators are responsible for writing goals for the child's IEP (Individual Education Plan). Each educationally handicapped pupil has an appropriately written IEP which consists of a basic plan and an instructional guide. A section of the instructional guide is devoted to materials and resources by which the annual goals and short-term instructional objectives can be effectively carried out.

Until recently, severely and profoundly involved persons were thought to be incapable of learning and that, consequently, the establishment of developmental programming for these individuals was considered futile. The emphasis was on and is still unfortunately on custodial care rather than on educational and social-recreational development.

Children had been permitted to persist with those undesirable behaviors which are typical for this population rather than channel such undesirable behaviors into more acceptable, age-appropriate behavior patterns. Such undesirable behaviors may include: self-abusiveness, destructiveness, inattentiveness to other

children and to caregivers, resistance to change of routine, lack of motivation, and ritualistic, stereotypical behaviors, such as hand-flapping and rocking.

Social behavior problems are usually the primary reason for a person being excluded from the mainstream of society. Therefore, it is essential that any worthwhile, comprehensive education project have a well-planned effective social behavior program. Development of social behavior interferes significantly with those perseverative behaviors that set these children apart from normal children. A child who is playing a game with a caregiver must look the other person in the eye, watch him as he demonstrates a toy's function, smile and vocalize appropriately in a turn-taking fashion. He neither hand-flaps, rocks or sways, for a worthwhile play experience is specifically designed to eliminate such interfering behaviors.

Most of the day training children have been unable to communicate verbally in a social situation due to one or more significant factors, other than mental age. They include: failure with previous communication situations; inattentiveness; lack of motivation; inadequate hearing and vision and delay in receiving appropriate language intervention.

Hence, this speech-language pathologist, in conjunction with other staff members, had been faced with the arduous task of developing strategies to enhance communication effectiveness in order to facilitate language learning and social interaction. One such strategy which has been designed to enhance a person's present means of communication is an augmentative system. Some

children make use of an unaided system (use of gross signs, basic gestural system, nonverbal behaviors) while others can make use of an aided system (one which requires the client to manipulate in some fashion a piece of external hardware in the presence or absence of another person). A piece of external hardware might be an adapted toy (a toy which is specifically adapted for switch operation) which, in time, may be replaced by a more sophisticated communication device, such as an eye transfer communication system. Most of the goals developed by the educational staff had been self-help in nature. There was no formal adapted play skill/social communication curriculum at the day training facility; although, day training staff members were encouraged to make use of those devices and adapted equipment available at the Office of Education's Communication Resource Center. The Communication Resource Center (CRC) is located approximately 35 miles away from the center. In order for the child to receive a piece of equipment, a very lengthy application must be submitted for approval. If the child is accepted (very often the more involved child is not a suitable candidate), he must be transported to the CRC during school hours, accompanied by a staff member, and if possible, a parent. Should the youngster receive a piece of equipment, there are no activities or tasks which accompany the device. The staff member is often stymied as to how the day training child can best utilize such sophisticated pieces of machinery. These clients are in need of very basic augmentative communication devices. In brief, before the severely or profoundly involved child

can operate a more sophisticated device, he must learn to follow basic auditory commands given by a careprovider; learn to visually regard a toy; reach out and manipulate a plaything in a non-destructive manner; activate a switch toy with hand-on-hand guidance from a caregiver; and reach out independently for a switch which activates a basic communication device. These activities must be accomplished in different environments, not just in an artificial environment, such as in school. The CRC loans out devices which are geared more for a youngster with motor needs rather than one with motor needs and developmental needs. Some toys/devices have been available at the center, but for the most part, they have been developmentally inappropriate, not appealing to the client or are broken. Essentially, modern technology, as it is known today, has failed these children. The problem was that the day training youngsters were not provided with experiences (naturally occurring/structured opportunities during the school day and at home) which encouraged the development of basic play and social interaction skills and discouraged stereotyped behavior routines. The more involved youngster's social communication needs were not fully addressed by the day training center or by the CRC. In summary, Watson (1972) proposed a definition of social communication needs which still has significant application to the severely and profoundly retarded youngster today. He said that social communication needs are interactive skills with another person or with a plaything in the company of other persons

or in relative isolation, but within the view of someone else who is observing and evaluating in terms of society's code of acceptable behavior.

Problem Documentation

In March 1987, this writer sent out a needs assessment (entitled Parents as Resources) to each careprovider in the home. Seventy-three percent of the careproviders who responded to the needs assessment stated that play skills were deficient in their children, and a toy library on the premises was viewed as a necessity rather than as a luxury.

Causative Analysis

There was no one reason which explained why day training eligible youngsters had not achieved a foundation of play skill behaviors to date, just as there was no specific theory of learning to which all those who participated in the day training regime (teachers, specialists, parents, paraprofessionals) subscribed. There had been those who believed that if given the opportunity these youngsters could achieve a great many things, while there were others who felt that education, per se, was a significant waste of time as these youngsters would always be dependent on others for their entire lives.

This writer's point of view, as well as all other points of view needed to be taken into consideration as the children's educational futures were at stake. Essentially, the situation was not one which would be rectified until there was a consolidation of effort (learning ideals agreed upon by all) and

a willingness to be a team member of a new project. In addition to different levels of expectation on the parts of day training personnel and careproviders in the home, there were several other reasons why the youngsters had not attained social interaction/recreational behaviors. Seven are now addressed.

Stereotypical behaviors (lack of sustained attention, hand-waving, hand-flapping) were not channeled into new, more age-appropriate behaviors. The staff allowed the child to persist in this manner of behavior.

Moreover, staff members had witnessed so many atypical behaviors that more typical child-like behaviors (behaviors common in a much younger child, such as mouthing, licking toys as a means of exploration, using a staff member's hand to re-start an activity--whereness/whatness) were often discouraged rather than encouraged. Only through his actions has the multi-handicapped child formed the basis of spatial whereness and object whatness. Through the development and coordination of auditory, tactual and visual schemata, the child acquires object permanence, spatial and temporal relationships, and operational causality and means-end relationships (Chase, 1977).

Many of the youngsters did not manipulate objects as they were tactually defensive. Tactually defensive children cannot tolerate different textures; however, there are techniques which have been designed to reduce tactually defensive behaviors in this population.

It can be said that these children were also sensory and physically limited. Because the experiences of noise, sounds,

music and voices are unavailable to the deaf child, for example, gaining knowledge of the environment and of many of its critical features may be seriously restricted. In addition, factors associated with blindness, such as delayed mobility and avoidance of play, can produce more subtle or indirect obstacles to the acquisition of knowledge and skill. Absence of visual incentives for locomotion causes the blind child to remain immobile for longer periods of time than is true for the sighted (Chase, 1977). The environment needed to be brought to the children who were sensory and physically limited so that they too could develop basic play and social interaction skills. In that same vein, it is noted that the day training center was not environmentally acceptable. In addition to a shortage of appropriate learning devices, the rooms, themselves, were not geared for typical playtime activities. Rooms were tremendously overcrowded, and bulky wheelchairs and other adaptive equipment took up a great deal of space. It often appeared that staff members were tripping over each other as state law requires that there be adequate personnel in each room, usually three staff members in a room of eight children.

The last reason behind the problem related to staff personnel as well as to the careproviders in the home. Many of the youngsters had not formed attachments to any one staff member or to a significant other. There was and still is a high incidence of turnover at the day training center; many of the staff members are rotated on a periodic basis; many of the children are shuffled from one temporary placement to another; and the center is tremendously

understaffed. It was a given fact that these children needed personal attention in order to gain effective social interaction skills as well as an acceptable learning environ in which to practice these skills. (Zaharia & Baumeister, 1978).

The Related Literature

According to the literature, the profoundly and severely retarded child is the child with limited intellectual ability. It might be the child who is motorically involved. It might be the child who is hearing and visually impaired. It might be the child who is mute and who possesses minimal social skills, or it might be the child with all the qualities listed. Educators have a tendency to group handicapped children according to their deficits, rather than by their functional assets. They point out the negative ways in which handicapped children are different rather than emphasize the healthy sides of the children's development or the positive ways in which they are similar. Lesson plans are developed which are designed to remediate problem areas. Children are seen as objects of therapy rather than as individuals with normal feelings, wants, needs and potential. What is not ultimately brought out in the literature is that a profoundly and severely retarded child is first and foremost a child, and that all children, regardless of handicap, learn through play and social interaction. Play provides a means of acquiring and practicing skills that are essential for intellectual, physical and social-emotional growth and development. Because many dependent mentally retarded children have not had sufficient opportunity to learn through play (have not had the opportunity

to be children), it may be that they are more seriously developmentally delayed than would be expected from their manifested biological status (Hopper & Wambold, 1978).

Retarded children have deficiencies that make play difficult, but not impossible. They learn slowly, require much repetition, depend on concrete examples rather than words, and attend to things rather than ideas (Benoit, cited in Hopper and Wambold, 1978). Many play materials designed for nonretarded children are unsuited for retarded children of the same chronological age for by the time they are able to negotiate play materials, they are chronologically older and often stronger than nonretarded children of the same mental age for whom the play materials were designed. Often the materials are not durable, are not simply structured, and do not demand little thinking or language facility to operate effectively (Watters & Wood, 1983).

Dependent children have been characterized as having extremely low activity levels. They show little or no involvement in some purposeful or appropriate tasks.

The development of the child is accomplished in a series of stages (beginning with reflex activity), each involving the development of a more complex system of processing data. Thus cognitive development produces qualitative changes. Primitive posture and movements of the newborn (when encouraged appropriately) are adapted to purposeful play activities, such as handling large and small manipulatives; drawing horizontal or vertical

lines and circles; feeding oneself and dolly; cutting a circle from a brightly colored piece of construction paper; and lifting the hand for a finger game or to convey "bye-bye" (Gilfoyle et al., 1981).

It is often easier and quicker to perform the needed movements for the child. However, without being patient and allowing the profoundly handicapped child to do for himself (to guide the child through a structured activity), he may never achieve any degree of independence. If given the opportunity, these children seek out activities most related to the specific developmental phase needing reinforcement and development, which according to Inhelder (cited in Klein et al., 1979), is the sensorimotor stage of development. However, these children experience what has been termed success deprivation (Berry, 1980). They simply learn to expect failure and to react impassively when it occurs; they make those stereotyped, inward responses such as hand-waving, hand-flapping, rocking, twirling, prolonged screaming which reflect a lack of active effort and involvement. They are more content to have minimal interactions with peers, adults or objects and prefer sedentary activities, such as television watching (Watters & Wood, 1983).

Solitary play (whereby the child is left to his own devices) for these children (which is not to be confused with appropriate independent toy play) is seldom successful, for it is mostly through group play activity that the retarded child can obtain the beneficial stimulation required for optimal development. One approach used to facilitate purposeful activity among

this population is to modify the physical environment of the classroom by increasing availability of appropriate equipment and improving staff schedules so as to make the staff more available to the clients (Risley, 1987), and to teach staff members specific language techniques which encourage the client to label items in the environment and to follow basic auditory commands.

In a study conducted by Spangler and Marshall (1983), child care workers were trained in specific techniques (play manager routines) in an effort to increase purposeful activity among a group of 14 institutionalized boys. Of the 14 boys, 4 had chronic maladaptive problems. Two rocked back and forth constantly, one engaged in self-injurious behavior and another had daily episodes of tantrumlike behavior. Before beginning a play activity, each staff member would first prepare the room by setting up specified play zones where certain toys would be available. Toys in the playroom were selected so as to be usable and interesting to children with differing levels of ability. Staff members directed unoccupied children toward play equipment and manually prompted the appropriate use of of toys. Toy play was initially shaped in a one-to-one relationship between child and staff person, and then appropriate responses were maintained in a group situation.

In another study, seven severely dysfunctional boys were placed individually in a barren environment. There they were given a toy to interact with and their behavior was observed.

During 15 sessions, in randomized order, each child was given soft toys, hard toys and wheeled toys (Watters & Wood, 1983). Results of the two studies indicate that the environment of the classroom, the type of toy and the appropriateness of staff assignments influence the amount of opportune toy interaction behaviors. In the first study, group activity levels increased while levels of inappropriate behavior decreased. In the second study, there was more self-stimulatory behavior, more movement around the room and less contact with the toys.

Thus, the presence of a facilitator or stimulator (speech pathologist, occupational therapist, teacher, parent, paraprofesional) who hands developmentally appropriate, tempting objects to the child and communicates effectively with the client in a sensorial-enriched environment might encourage the disabled child to interact more favorably in his or her surroundings.

From a psychological perspective, severely impaired/handicapped children are very often members of multiproblem families, whose parents are all too often children themselves unable to assume the responsibility of raising an exceptional child. Parents are generally assumed to be the significant ones who monitor, regulate and govern the environment in which their child's development is progressing. Parents choose toys, provide learning experiences, encourage participation in activities and respond to children in ways conducive to steady optimal rates of development. Knowledge of child rearing, home management

and coping in general is not sufficient to allow the inexperienced parents to be totally effective. It is especially difficult to know how to rear a normal child let alone a multi-handicapped youngster. The lack of adapted behavior in some profoundly retarded persons can be a function, in part, of the poor learning environments in which they are raised (for example, the sterile, austere home environment).

Many of these children are left in front of the television set, VCR, or the stereo (highly cherished items which are often regarded as objects of affluence). Very often they will resort to self-stimulating behaviors in order to amuse themselves. In many families, the passive, quiet and conforming child is valued. In addition to being mentally retarded, children who are unconforming, irritable, loud and difficult to manage may suffer physical abuse at the hands of parents pushed beyond endurance. Significantly maladaptive behavior could blunt the development of mutual love and trust (i.e., attachment) between family members and handicapped children (Frodi, 1981).

From a sociological viewpoint, the ways in which family members interact with the handicapped child are determined, in part, by cultural factors and socially structured situations.

Cultural expectations address the issue of who should raise the child, the value of receiving an education, and the family's perception of how society views a handicapped child. If the family members feel that society views the exceptional child as "defective" or as a "burden" or as significantly different

from other children, then they may be incapable of providing the child with "normal" involvement-creating overtures and of responding to whatever overtures the child might produce in a social situation (Blacher & Meyers, 1983). Socially structured situations refer to whether the family belongs to the dominant group or to a minority group. For well-to-do families in which intellectual attainment is usually highly valued, the discrepancy between the ideal child and the retarded child is greatest in precisely that quality. Their focus on the child may be oriented toward the child's potential for achievement. The parents often have inflated expectancy levels of intellectual achievement for their handicapped children and may spend significant amounts of time practicing on one skill area while achieving a little, if any, degree of success. Whereas, families which depend to some extent on welfare agencies, often have deflated expectancy levels of intellectual achievement for their retarded children. All members of a lower-class family may manifest poor self-concepts which may be the cause of inappropriate social responses and a lack of success with educational endeavors. There is some evidence that retarded children from lower socioeconomic groups have untapped potentials for success, possibly because they have tended, like their parents, to retreat from situations threatening failure (Klein et al., 1979). Those uneducated, lower-class parents who observe their handicapped child at play in the home environment may misread their child's intentions when he consistently throws toys from his wheelchair

to the floor and watches where they've landed or if he abruptly grabs his parents and leads them to a quiet musical toy and and then places their hands on the toy itself. The child may be viewed as naughty rather than resourceful for participating in tasks that are developmentally appropriate.

Minority children from lower-class homes often have a limited opportunity to explore the outside world, often have a lack of aesthetically pleasing surroundings, a scarcity of books, toys, puzzles, crayons and paper, and a lack of guidance and encouragement in their use. Children are likely to be "looked after" rather than "cared for" and endless little interchanges which characterize successful parent-child relationships are likely to be missing (White & Watts, cited in Schickedanz et al, 1982). Too often the handicapped child from a lower-class home has heard only the language of crisis. The language of crisis is one of estrangement, not communication; of censureship, not information. Optimal learning, according to Berry (1980), occurs when the child finds an enjoyable adventure, a highly motivating activity for which oral communication by a concerned careprovider is an essential tool.

In conclusion, it can be said that competent, informed parents of day training youngsters can raise motivated learners, and that competent educators must provide these special children, not only with comprehensive care, but also with engaging, interesting and challenging social experiences that ultimately enhance their abilities to deal effectively with the world. In order

to be competent, one does not need a tremendous amount of wealth or an advanced degree from a prestigious institution of higher learning, rather, to be competent, one needs to be willing to take risks and to learn new techniques. One does not have to be exceptional, just adequate. One does not have to have an environment complete with sophisticated playthings and training manuals, but one must allow the handicapped child to play--to explore, question, manipulate, and investigate in order to master his environment, just as normal children do.

According to White (cited in Klein et al., 1979), these behaviors are motivated by effectance, which is characterized by intense involvement, attention and repeated trial and error. In children's play behavior, effectance can be seen when children experiment, master tasks and then create new play situations. However, these children aren't able to experiment alone. It takes a competent person to guide them through their play activities and catch them when they stumble. It takes a person with a mouth filled with encouraging words, a person with an open mind, and a person with a sturdy pair of hands.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

There were two general goals for this practicum project. The first one was that day training personnel, specifically paraprofessionals, would be capable of creating a more suitable structured environment for engaging more youngsters in play in the classroom; and the second one was that parents and other careproviders would be able to list ways of encouraging more positive social interactions and more advanced play skills in the severely and profoundly handicapped child, and would be able to, as consumers, identify certain components of the ideal toy for their children.

Behavioral Expectations

As a result of this practicum, it was proposed that 8 out of 10 day training students would be using more appropriate play skills/social interaction skills, by achieving at least one positive response (a response which reflected both mental age and language potential) on a consumer evaluation checklist (see Appendix A) during 80% of the observed sessions.

The writer proposed 30 suggestions (some were based on key ideas introduced by Risley, 1987) that identified the optimal play environment for the severely and profoundly retarded, of which 15 would be adopted and utilized by specific day training personnel in the classroom, and by volunteer careproviders in the home at the end of the training sessions. The checklists (see Appendix B)

would enable those involved to ascertain whether or not the second behavioral objective was achieved.

As a result of this practicum project, parents and other interested persons, in conjunction with participating day training personnel, would either construct or opt to select an appropriate play skill goal from a play skill curriculum developed by this writer (see Appendix C) at an upcoming IEP conference. Approximately 80% of the parents and other interested persons in attendance at specific IEP conferences would express interest in a play skill goal for the child following a written and oral presentation by this writer. The talley sheet (see Appendix D) would be used to record the number of persons who indeed requested a play skill goal for the children.

Evaluation Instruments

In addition to the goals and objectives that were projected, there were end results or behaviors which were expected that would be measured along with all behaviors and standards during all phases of the practicum.

It was anticipated that day training youngsters would be using more appropriate play skills/social interaction skills when playing with an age/developmentally appropriate, appealing, handmade/commercially manufactured personal learning device in a suitable play environment. The personal learning device would be deemed age/developmentally appropriate and appealing by parents,

paraprofessionals and specialists. The environment would be deemed suitable for learning by the specialists in the day training center and by the specialists, parents and other day training personnel in the child's home environment.

It was anticipated that local toy manufacturers, civic, charitable and care-providing organizations in the community would have a better understanding of the educational needs of the disabled child. The local toy manufacturers, as a result of this practicum, would be able to construct more age/developmentally appropriate materials, and civic, charitable and various care-providing agencies would be able to purchase more age/developmentally appropriate materials for this population in the future.

It was anticipated that the Consumer Evaluation Sheet would be used by the paraprofessional in the classroom, and subsequently by the careprovider in the home, by the speech-language pathologist in the therapy session and in the consultative session, by the independent speech-language evaluator at the conclusion of the practicum project, and by the toy manufacturer/philanthropist in the community. The Consumer Evaluation Sheet contained closed and open-ended questions and would be used in phases 2-4 of the practicum.

The Playskill Questionnaire would be completed by parents during the first phase and examined by day training personnel

as a means of gaging the child's home environment for signs of healthy play/attachments before training (phase 1). The Playskill Questionnaire, which included a checklist to be utilized by day training personnel during informal visits to the home (during the first and fourth phase), contained both open-ended and closed questions. A cover letter introduced this evaluation instrument (see Appendix B).

In addition, a checklist similar to the one used by day training personnel during informal visits to the home, that presented integrative strategies proposed by Risley (1987) which were designed to evaluate the reinforcing quality of the day training environment and to improve staff effectiveness, would be used by the writer before training (phase 1) and by the speech-language evaluator at the end of training and implementation (phase 3). Moreover, the speech-language evaluator would use the section of the Consumer Evaluation Sheet entitled "What did the child do when the toy was presented?" as a means of ascertaining whether the child used more appropriate play skills/ social interaction skills. Furthermore, the writer would keep a written talley (see Appendix D) of those parents and other interested persons in attendance at IEP conferences who expressed interest after training (phase 3) in a play skill goal for the child.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

As mentioned previously, those who elect to work with severely and profoundly retarded youngsters in a day training environment must attend workshops and other inservice training sessions which are designed to help remediate specific problems which are unique to this population. Very often the materials by which programs are carried out are too expensive and not readily available at the center. It is usually up to the classroom teacher to create similar materials and to see to it that the goals and objectives of the new programs are carried out smoothly and effectively. Most of the classroom teachers are dedicated, conscientious professionals. They care about this population and see to it that the children receive the best education possible. They make recommendations and constructive suggestions to the paraprofessionals in the classroom and to the caregivers in the home regarding new trends in educational programming. Programs do not always get off the ground as certain classroom teachers, day training assistants and parents are not always amenable to change--they much prefer to do things the ways they have always been done. They believe that educational needs are secondary and that the child's personal needs are of greater importance. At the onset everyone works together as a team for a common goal, but after a short while, makeshift materials break; lines of communication break down; those involved are uncertain of their roles in the project;

they become discouraged when the children do not achieve some success immediately; they often do not fully understand the goals and objectives of the program as they have been explained, and are not willing to make an effort to ask for a clarification of such goals and objectives; and eventually the project fades out and is no more.

Description of Selected Solution

Although the day training curriculum was sound and educationally relevant, students' social needs could not be effectively met without adequate materials, without a foundation of play skills, without a suitable play environment, and without assistance from otherwise concerned family members and auxiliary personnel. A toy library, which would be utilized by staff and family alike, was thought to alleviate this problem, in part and was planned in conjunction with a play skill curriculum and an optimal play environment in which to practice the learning objectives. The writer was prepared to teach those involved the best ways to interact with the handicapped child and under what conditions differences could be made and skills could be maintained.

The toy library was to include books, parent materials, cassette recordings, augmentative communication devices and brightly colored manipulatives. Its very presence would instill a sense of awareness in day training personnel, and in the careproviders in the home as to the place for play skill competencies in this population. Should these toys be made available on the premises, the youngsters would have many opportunities to use

them in the home and at school--perhaps for the entire school year. As a result, the handicapped youngsters would hopefully increase their mobility and control of their environment; improve self-confidence; develop pride in themselves; discover and capitalize upon physical skills they possess, and shape more appropriate behavior in small stages with less labor.

The writer was prepared to submit a grant proposal to local service organizations in the community in order to secure toys for the toy library project. In addition, she was prepared to present a slide show to local toy manufacturers in the community which showed the youngsters involved in successful play activities. She would ask that toys be donated to the center, and in return each toy would be evaluated by a staff member or a parent who would be trained by the writer to use the Consumer Evaluation Sheet. Feedback would be made available to the toy corporations in the community so that they would have a better understanding of the educational needs of the disabled child and would be able to construct more age/developmentally appropriate materials in the future. Moreover, results would be made available to the local service organizations so they could identify more readily the educational needs of the disabled child and purchase more appropriate playthings.

The rehabilitation team (occupational therapist, physical therapists, speech-language pathologists and teachers), with the possible participation by the older day training students,

would construct an adapted toy, a sensory puppet and/or a cassette recording for each day training youngster which would be used in the school, in the therapy sessions and in the home environment. In addition, the writer would take the slide show to nursing homes in the community in hopes that the more mechanically inclined senior citizens would take part in a toy fixing campaign.

The writer would conduct two presentations for day training staff members and family members in order to explain what was meant by an optimal play environment and the role of the interactor in such an optimal play environment.

The practicum project was thought to work because it promoted community involvement, family togetherness and serenity, and educational growth for the day training personnel. This project was thought to help bridge the communication gap between the community, the careproviders in the home, and the day training staff. In adddition, the writer hoped that the child ultimately would profit from more attention by all those involved in the project.

Report of Action Taken

The writer toured the day training facility during the first phase of the practicum project. She used the checklist in order to review the reinforcing quality of the day training environment according to strategies formulated by Risley (1987). The writer sent out the Playskill Questionnaire to the careproviders in the home and conducted informal home visits as a means of gaging the child's home environment for signs of healthy play/attachments.

The writer had the option of using or not using the checklist during the initial home visit. A letter writing/slide show campaign for the community also commenced. The rehabilitation team (in conjunction with the older day training students--as part of their vocational training--) constructed beanbags and sensory-stimulation puppets, as well as adapted toys as the first steps to the toy library.

The writer joined the New Jersey Library Association (Institution Division) to gain further insight on the operation of a toy library for this population.

Next, the writer discussed the components of the PLAYTIME PROGRAM at an inservice for all day training personnel. She explained that PLAYTIME referred to Positive Learning Activities for Young day training eligible children designed to facilitate Toy use in an Integrated, Multisensory Environment. The writer explained that the letter p stood for play. For the purpose of the inservice presentation, four types of play were discussed: autistic play; free play; structured, cooperative play; and independent play. Autistic play, according to Paloutzian (cited in Wehman and Marchant, 1978), is defined as any destructive physical action with toys or no physical action with any toys. The child may be engaged in self-stimulatory behaviors. Free play is when the child is allowed to select an appropriate plaything from a choice of three (as deemed appropriate by the paraprofessional, teacher and specialist). Free play allows the child to make

an active choice. Structured, cooperative play refers to activities designed by the writer with the new plaything, the child and another person or persons in mind. Independent play refers to when the child has been instructed in use of the toy and physical action with the toy is done alone with no interaction with other children or adults.

The letter l in PLAYTIME stood for language. There is evidence that shows that parents can successfully teach their handicapped children pre-linguistic and language skills as a means of advancing their social skills. Furthermore, little professional investment is necessary to teach parents to help their children. Interactive training, rather than formal training, appears to be a more effective and promising educational route. Interactive training, otherwise known as incidental language training (Gerber-Wollner, 1986) is conducted during those situtations that normally arise during the day where the child has an intent or a need to communicate (a teachable moment), such as when the child expresses interest in an object, person or plaything by pointing, gesturing, speaking about him or it or by staring.

The key is for the parent-caregiver to select language targets appropriate for the child's skill level, interest and the opportunities that the environment provides. The careproviders, referred to as interactors, are not to talk nonstop at the children, rather language skills are more likely to develop when the

careproviders provide lots of opportunities for the children to "talk" about the playthings and when the interactors listen and respond appropriately to the child's communications. An incidental teaching approach teaches interested persons to label items in the child's environment via the use of one word, one sign or one broad gesture; to imitate their child's primitive attempts at communication in a turntaking fashion, and to eventually respond to the child's initiations with requests for more elaborated language resembling the targeted forms and to reinforce the child's communicative attempts as well as use of specific forms with attention and access to the objects/playthings and persons in which the child has expressed an interest. To facilitate learning, explains Michaelis (1978), language must occur at a time significant to the child for the child to single out a sound or gesture worth remembering. Repetition of the same linguistically appropriate models in various locations (in the school and in the home), but with the same meaning, is crucial to more generalized learning.

The letter a in PLAYTIME referred to attachment. Attachment is the term used to describe the special bond of love between a child and a loving and loved caregiver. Attachment behavior is simply a child's social attachment to a person, usually the mother, which seems to influence his responses to social stimuli that are provided by this person. The child may become attached to a staff member in lieu of a parent.

Initially the involved child finds objects in his environment

to be intriguing and interesting. He visually attends to these objects and learns to smile in relation to them--his smile being something more than just a visual regard for the object. The child comes to learn that social objects, particularly faces of people, are the most interesting and the most responsive of all; and therefore, he becomes attentive to these objects and smiles in greater frequency and duration in direct relation to them. Contingent behaviors have involved the caregiver's (the interactor's) ability to read accurately and respond to the child's signals and communications (Greenspan & Lieberman, 1980). The writer explained that contingent responses by the caregivers, that is selective reactions to cues from the mentally retarded child, have helped him to consolidate initial causal schemes and distinguish means from ends in interpersonal relationships. For example, when the child smiles and the caregiver smiles as a consequence, the involved child has related his smile to that of his caregiver's. Similarly, when the child reaches his hand out and his caregiver has countered, either by reaching out her hand or by some other affective or motoric response, or when the child has evidenced behavior consistent with being bored and has been given a toy, he has begun to relate his means to these ends. After a while, the child learns if he makes certain noises, gestures, and/or affects there is strong likelihood that he will be amused, talked to or played with. Thus, interactors and the child make noises, look, laugh, talk,

move, touch--all in a variety of ways. The writer encouraged those present to utilize all modes of communication when interacting with the handicapped child and discouraged those present from talking nonstop at the child as the child's auditory processing skills are immature and he is not capable of remembering or comprehending long strings of words. Positive interactions encourage attachment between the careproviders and the child. On the other hand, noncontingent behaviors are those that are addressed to the child but are in no way tailored to his concurrent signals or communications. For instance, the semi-ambulatory child may be crawling after a toy or gazing at a toy on a high shelf, and the careprovider may be trying to attract his attention by speaking to him about an unrelated event. A child who gets an inappropriate response to his cues or gets no response may mobilize negativistic responses to achieve a more suitable reaction from the environment or may eventually stop trying. The child may cry out of frustration or confusion, whine, develop self-injurious and aggressive behaviors, and, in turn, may create feelings of ineffectiveness or helplessness on the part of a well-meaning parent or another caregiver (Greenspan & Lourie, 1981).

These children may never have sufficient control of their oral musculature or the cognitive ability to produce purposeful speech; however, they are able to communicate.

In addition to being physically and emotionally responsive,

the careprovider must be verbally responsive, as well. The careprovider must be there to receive the child's attempts at communication and respond at a level which will be understood by the child. The caregiver must take the time to read the afflicted child's behaviors which show attachment. Involved children show attachment when they smile, chuckle for, maintain eye contact with, move toward, reach for and/or caress a caregiver. They reveal attachment by exhibiting distress when a loved caregiver leaves the room and by accepting comfort from him or her upon return. They show attachment by being willing to move off and explore the play environment if a loved caregiver is available in sight. Attachment allows the disabled child to explore, allows him freedom to learn--to take risks. Attachment will not be learned if the caregiver constantly does things for the afflicted child.

Readability has been defined as the extent to which a child's behaviors are clearly defined and provide distinctive signals and cues for adults. In practical terms, readability has referred to the ease with which adults can say, "He is bored; looking at me," etc. A child who has been easily read enhances adults feelings of efficacy: (a) because they've easily recognized states and signals; (b) because decisions about interventions have been facilitated and (c) because there has been a high probability that the adults would decide upon appropriate interventions and produce desirable outcomes (Goldberg, 1977).

The caregiver who has constantly been doing things for the afflicted child often has been doing so because she has not been capable of reading her child's complex signals. Parents and others will never learn to independently read their children until they become good observers of their behavior.

The writer explained that the y in PLAYTIME referred to you. You included the day training personnel and the careproviders in the home environment, and the program, as written, would not be successful without them. The day training center should utilize an integrative approach to education. The teachers and specialists write goals for the children and must see to it that these goals are achieved in a reasonable amount of time. Progress would be made that much faster if the parents and paraprofessionals would not take a back seat where education was concerned. The writer explained to the day training personnel the items on the checklists which referred to staff and parent effectiveness and environmental preparedness (see Appendix B). Moreover, the writer explained that the day training center's program would have little effect on the child if it was not planned in conjunction with the home environment. Turnbull (1978) suggests a number of reasons why parents should be encouraged to serve as trainers of their handicapped children. The more parents are involved with their children's training, the more likely is the children's functioning to generalize to other settings. Parents are powerful reinforcing agents. They know

their children better than others; they can offer suggestions regarding favorite toys or playthings and they generally spend more time with their children than do professionals. Finally, parents receive gratification from contributing to the development of their child. Hence, an increased and integrated effort between parents and program is thought to facilitate social, emotional and cognitive development in the handicapped child.

The writer explained that the letter t in PLAYTIME referred to toys: the characteristics of the ideal toy; toy safety and types of toys. When purchasing a toy, the following items must be considered: its ease of operation; its size and weight; its construction and its play value. Does the toy require that the child possess refined manipulative behaviors which he doesn't have? Is the toy too busy? Does it encourage stimulus overload? Will the child be so overwhelmed that he will get frustrated or anxious? Does the toy have too many small parts to contend with? Is it too heavy? Is it a toy which facilitates the coordination of the sensori-motor processes within a play environment that permits the child to utilize these processes? Is it put together well? Is it an appropriate device for the child's developmental level and will it sustain his interest? Is it age appropriate? Is it suitable for the tactually defensive youngster or for the sensory-deprived child? Will it possibly provoke seizure behavior?

With regard to toy safety, many toys, unfortunately, fall

apart much too easily. Small pieces break off and often wind up in the child's mouth. The paint may come off easily. The toy may be especially fragile. It may have jagged edges. The toy may not be washable. Children must be watched so that they do not place small pieces of toys in their mouths and begin to choke. Toys should be washed often as these children drool constantly. Toys which contain small beads or pegs should be placed well out of reach. If the toy has questionable edges, it can be covered with masking tape, or better yet, discarded in an appropriate fashion.

Types of toys were mentioned on the Playskill Questionnaire (see Appendix B) as well as on the Consumer Evaluation Sheet (see Appendix A). Types of toys included reactive toys (toys which do something) which may include visual, auditory, tactile, olfactory and adapted toys; naturalistic toys; wheeled toys and soft toys. Different toys appeal to different children. Sensory-deprived children, as a rule, respond favorably to reactive toys while tactually defensive children react favorably to hard toys.

Horner (1980) studied the influence of environmental stimuli on the behaviors of profoundly retarded individuals who were nonverbal and did not respond to verbal commands. The results indicated in an enriched environment, whereby certain stimuli, particularly (inexpensive) novel items (brightly colored objects) were available, there were greater outer-directed (responses toward the environment) than self-directed (manipulation of own body and stereotyped movements) behaviors than when these stimuli were absent. Based on the data cited, it appears that

the profoundly retarded individual learns from his environment and that much of his lack of learning appropriate behaviors and/or development of inappropriate behaviors can be attributed in part to a sterile, austere environment.

The letter i in PLAYTIME referred to instruction. The writer explained the types of goals contained in the play skill curriculum (see Appendix C). Certain goals dealt with attending, others had to do with following auditory commands, object permanence, causality, adult/peer interaction, social tool use and communication. The writer explained what was meant by the co-active technique (whereby the instructor utilizes hand-on-hand assistance); the cooperative technique (whereby the instructor utilizes physical prompting) and the reactive technique (whereby the instructor encourages the child to work toward independent toy play by fading out). All participants at the inservice, as well as those careproviders and day training personnel who could not attend, were provided with a copy of the play skill curriculum and other informative literature.

The letter m in PLAYTIME referred to manipulatives. Manipulatives are any objects which the child can handle in some way. There are certain action-word phrases, according to Honig (1981), which lend themselves nicely to manipulatives. They include: show me; give me; put in; take out; close; push; shake, shake shake; pull; turn; spin; open; point to and many, many more. In addition, certain wheeled manipulatives and musical manipulatives can be used to teach the child that certain

actions yield certain sounds, such as a rhythm stick beating on a drum is boom-boom; others include ding-dong; ring-ring; whirr-whirr and toot-toot. Many involved youngsters repeat catchy phrases sooner than they repeat common noun utterances as they like the way that the silly words roll off their tongues.

The final letter in PLAYTIME, the letter e, referred to evaluation. The program would not be effective without evaluative instruments. The writer explained that the paraprofessionals (with guidance provided by the specialists and the teachers) would select toys from the new library with specific youngsters in mind. The paraprofessionals would team up with specific youngsters (to encourage bonding) during the course of the program and would be responsible for charting the children's behaviors with the toys during free play; structured, cooperative play; and during independent play (as described by this writer). The writer encouraged the paraprofessionals to utilize the language techniques which had been designed with the severely and profoundly handicapped child in mind in an optimal play environment and to observe the child's responses to such techniques. The Consumer Evaluation Sheet would be used on a weekly basis by the paraprofessional in the classroom, by the writer in the speech therapy session and by the parent (following training) in the home environment. The writer would use the checklists contained in Appendix B to evaluate the effectiveness of the day training and the home play environments. In addition, the writer would use the Playskill Questionnaire to evaluate certain components

of the child's home environment. The writer concluded the inservice workshop by saying that the play skill curriculum (see Appendix C) would be used by day training personnel and by the careproviders during structured, cooperative play sessions and at IEP conferences.

Following the inservice for day training personnel, the writer conducted an afternoon luncheon workshop at the center for the careproviders in the home and for those day training staff members who were not present at the inservice. The topic of the afternoon luncheon workshop was play skills and environmental planning for the severely handicapped youngster. The PLAYTIME PROGRAM was explained and modified accordingly as certain components of the program were only relevant to the day training personnel. The Consumer Evaluation Sheet and the play skill curriculum were the only evaluative devices explained in great detail. Informative handouts were provided to those in attendance. The training components marked the second phase of the practicum project.

A speech-language consultant assumed the role of independent evaluator at the conclusion of the second phase. She rated the classrooms as to environmental appropriateness, looked at staff schedules according to the components of integrative therapy, and observed desired changes in the child's behavior with a manipulative which presumably were a result of the day training staff's and parents' training efforts. She used the checklist which referred to the day training environment (see Appendix B) as well as the section of the Consumer Evaluation

Sheet which discussed the child's behavior upon presentation of a toy. She compared previous data (provided by the day training staff and parents) with the third phase data. She examined data from three different environmental perspectives: the classroom, the therapy room and the home environment. Moreover, the writer kept a talley of those persons who requested a play skill goal at the child's IEP conference, during the third phase.

At the beginning of the fourth phase, the results of the Consumer Evaluation Sheet were published in an illustrated booklet. Staff members took photographs of students in the classroom and in the home environment using the most appropriate play toy(s). Staff members used the checklist during informal visits to the homes. The attributes of an appropriate learning device for this population were listed in the booklet. In addition, the booklet illustrated appropriate sign language for the severely and profoundly retarded child, and early language tasks planned in conjunction with the preferred plaything. The writer listed fitting play skill goals in the booklet which could be utilized by day training personnel and by the careproviders in the home when new IEP goals needed to be formulated.

The writer had the support of the center administrator who saw to it that the building was available for meetings and that supplies were at her disposal.

In order for the program to run smoothly, only those persons familiar with the educational needs of the severely and profoundly retarded child were targeted to work on this project. Consultants

were called upon only if the in-house staff evidenced difficulty with an objective--for example with the construction of an intricate adapted toy.

The writer explained the role and responsibilities of each person involved in the project before the project got underway. The writer established and maintained good relations with both intra- and extra-project staff. The writer was able to consult with the intra-project staff daily and met with them at the weekly team meetings. In addition, information was communicated weekly in the form of a memorandum posted on the public bulletin board. In order to insure that the staff members carried out their prescribed duties, they were involved in all aspects of planning and implementation relevant to their interests. All intra- and extra-project staff members (including administrators and consultants) received reports about the project periodically. Steps were also taken to create frequent, favorable "propaganda" about the project. Finally all staff members and parents received public recognition or thanks during all phases of the project, whenever possible.

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Public Law 94-142 assures that handicapped children receive special educational services which are planned and implemented in keeping with their individual needs. The actual implementation of individualized educational programming has required new role definitions for special educators, for paraprofessionals, as well as for specialists, such as the learning disability teacher consultant, the speech-language pathologist and the occupational therapist. The authority and responsibility for decisions related to instructional programming no longer falls solely on the shoulders of special educators. Rather, decisions are shared equally by the special education teachers, parents, principals, and support and related services personnel. The nature of the role of special education teacher has changed from one of being primarily a provider of instruction to one of being more like a classroom manager. The nature of the role of paraprofessional has changed from one of being a clerical assistant to a co-provider of instruction. The nature of the role of speech-language pathologist has changed from one of being a consultant to one of being more like a hands-on practitioner who advocates the carryover of speech and language tasks to the classroom and to the home environment. Special education teachers, as well as their paraprofessional staff, often express apprehensions concerning the implementation of such individualized educational programming for severely involved children (Wacker & Hoffman, cited in Valletutti & Sims-Tucker, 1984).

When providing speech-language services to the mentally retarded/developmentally disabled population, speech-language pathologists report facing problems involving personnel and service delivery. They report a lack of support from direct care staff and often encounter a staff resistive to changes as well as an unmotivated staff suffering from low morale. There is often a lack of follow-through on educational recommendations, as well as difficulty implementing inservice training programs. As a means of counteracting this lack of cooperation, speech-language pathologists must see to it that the strengths and weaknesses of their colleagues, clients and parents are considered before any new project gets underway. Moreover, it is their responsibility to see to it that all aspects of the new program are explained in great detail so that all participants understand and appreciate what the implementation of a new program will involve (Larkins, 1986).

Results

Three behavioral objectives were proposed for this practicum project. The first behavioral objective centered around the day training youngsters themselves. As a result of this practicum, 8 out of 10 day training students would use more appropriate play skills/social interaction skills during 80% of the observed sessions. This behavioral objective was achieved. The speech pathologist who served as an independent evaluator examined 246 behavioral responses which were charted on 85 Consumer Evaluation Sheets which were completed the last three weeks of implementation. Two hundred

and twenty-three behavioral responses were positive. In only 23 cases were the responses negative (see Appendix F).

The second behavioral objective centered around the day training personnel and the careproviders in the home. The writer proposed 30 suggestions (that identified the optimal play environment for the severely handicapped population) of which half would be adopted in the classroom and in the home at the end of the training sessions. This behavioral objective was achieved.

With regard to the appropriateness of the day training play environment, the speech-language evaluator found that at the conclusion of implementation, each classroom achieved at least 80% on the Risley checklist. With regard to the appropriateness of the home play environment, the writer used the Risley checklist for the home (see Appendix B) as a means of gaging whether or not the parents and other careproviders in the home were utilizing those concepts introduced by the writer at the training sessions. Eighteen families were targeted to participate in this aspect of the program and all 18 families attained at least 80% on the Risley checklist.

Moreover, the third behavioral objective concerned both the careproviders in the home and the day training personnel, as well. The writer proposed that those persons participating in IEP conferences would construct an appropriate play skill goal or would select an appropriate play skill goal for the child from the curriculum (see Appendix C). This behavioral objective was achieved. Eighteen IEP

conferences were held and 18 play skill goals were selected. The talley sheet (see Appendix D) was used to record this information.

In addition to the three behavioral objectives, it was anticipated that the day training youngsters would be using positive play behaviors when playing with a new personal learning device in a suitable play environment.

The toy procurement campaign began as scheduled. Four leading toy manufacturers donated learning devices and books to the center. A fraternal organization donated $1000.00 to the center specifically for the purchase of books, parent materials and learning devices and toys for the new library. A portion of the money was used by the rehabilitation team to construct switch toys and other appropriate learning devices. As part of their Community Outreach activity, students from Cluster 21 (Nova University) compiled a list of books which would be appropriate for developmentally delayed children as well as a list of materials appropriate for the parents of such children (see Appendix E). The writer applied for an ADAPSO FOUNDATION GRANT and received a WOLF communication device. A WOLF communication device is a voice-output communication aid which offers a custom vocabulary; a mechanical toggle switch for powering on and off; and pages (or levels) which are shifted by means of commands rather than by a pin-code overlay scheme.

Each day training paraprofessional selected one child to work with for the duration of the program. It was anticipated

paraprofessionals would be able to work independently with the children and would be able to use the Consumer Evaluation Sheet (CES) in order to grade the appropriateness of the various donated learning devices. Initially, the paraprofessionals as a group seemed uncertain as to their role in the program and whether or not they had the abilities necessary to work within its prescribed guidelines. The paraprofessionals looked towards the teachers and the speech pathologists for guidance whenever they were working with the children on a one-to-one basis. The teachers were not pleased with the extra supervision chore and made their feelings known to this writer. However, the paras in the classroom generated enthusiasm about the program and within a few weeks, they seemed much more confident with the task and were able to complete the worksheets as long as some input and encouragement from the teachers and the speech-language pathologists continued.

Certain toys were more effective than others. Those which the interactors rated as effective (see Appendix A) helped the child master his new pre-linguistic and language goals. It is noted that certain toys were judged too difficult to operate as well as not too difficult to operate. Some children evidenced difficulty with a specific toy while others did not. Some children were more motorically involved than others. Toys were judged to be too difficult to operate if the co-active technique (whereby the interactor utilizes hand-on-hand assistance) needed to be employed while working with a student. Certain children were able to play independently with the same toy, and in these cases the toy was judged to be not

too difficult to operate.

The writer visited the home to assist the parents with the rating of the child's behavior with the new toy as well as with the rating of the toy itself. While the writer was evaluating the home environment for examples of positive play and social interaction, she was also using the allotted time to take photographs for the illustrated booklet. The center translator, who accompanied this writer on her visits to the home, was utilized both as an interpreter as well as a photographer. The illustrated booklet was expanded to include pictures of staff members and other day training personnel. The final product resembled a yearbook. In addition to the candid pictures, the yearbook contained a section devoted to toy safety. A copy of the play skill curriculum (see Appendix C) was attached. The final product was sent out to parents, local toy manufacturers, fraternal and care-giving organizations as well as to other interested persons and illustrated the success of the practicum project.

Conclusions

Multi-handicapped children need to be taught to play independently, to play side-by-side and to share social situations. Their play pattern is extremely limited--because of language difficulties, imaginative play is non-existant and because of perceptual and neurological problems, they may never be able to ride wheeled toys or to swing, slide or climb. Indoor leisure activities, such as listening to the radio or watching television,

are also limited and isolating for this population.

Many day training professionals question the social validity of the clients with whom they work. Social validity is an expressed concern for the maximum potential of each individual in terms of his cultural milieu. What this means is that the professionals feel that in order to function in a social environment, retarded persons must only practice those skills necessary to experience a greater margin of independence (e.g., toilet training, dressing skills, feeding skills). Why do children who may eventually be placed in a group home or in some sort of institutional type living arrangement need to know how to play? Who will play with them in these types of environments (Burton, 1981)?

The reality is that although these youngsters will always be dependent upon someone for their maintenance and support, the fact that they have the potential to learn how to amuse themselves and to attain a certain degree of autonomy, however small, needs to be encouraged and not discouraged. Retarded children have the need to experience pleasure in their lives. Academic programming must not continue 24 hours a day.

The day training professionals' preoccupation with the concept of social validity can be blamed, in part, on burnout. Freudenberger (1977) defined burnout as becoming exhausted from excessive demands on energy, strength or resources. Burnout appears to be a problem which affects those in the helping

professions, such as child care workers. This problem is particularly acute among professionals who work with severely handicapped children (Foster, 1980). Gradually the helping professional becomes less involved emotionally and less concerned about the clients' social, physical and emotional needs. He or she becomes overly concerned with the child's time on any academic or self-help task. He or she detaches herself or himself through verbal and nonverbal distancing techniques. This behavior is characterized by not spending quality time with the client, by not maintaining eye contact when communicating, and by not responding to the clients' individual needs (Weiskopf, 1980).

Teachers of multi-handicapped children report that they are required to be emotionally available to these youngsters at all times during the day. They are responsible for creating a suitable environment for learning. They are responsible for positioning the youngsters (putting them in the best possible positions for programming), taking care of the children's personal needs, supervising the paraprofessional staff, planning and implementing instructional goals, as well as implementing integrated goals (goals which have been planned in conjunction with the speech-language pathologist, physical therapist and the occupational therapist).

It is noted that burnout is not restricted to those in positions which require a college education. Burnout is also a problem amongst special education paraprofessionals. Because of a lack

of formal training, most special education paraprofessionals are locked into their assignments for indefinite periods of time. In addition, the nature of their subservient role tends to discourage them from displaying creativity in the classroom. Insufficient training and a feeling of superiority amongst certain educators tend to discourage paraprofessionals from assuming a hands-on role and from being active members of an educational team (Frith & Mims, 1985).

Very often paraprofessionals experience a lack of a job description. Too often, they are told informally that it is their responsibility to carry out the assignments of a particular professional regardless of their expertise and whether or not they feel comfortable with the assigned tasks. Certain paras feel secure assuming clerical duties such as data collection and behavior charting, while others feel more comfortable with housekeeping duties, noninstructional duties, and/or instructional duties.

Initially the paras at the day training center preferred the role of observer rather than the role of teacher. They enjoyed watching this writer and the other day training professionals at work before they were willing to work on a one-to-one basis with the students, before they were willing to make changes in the classroom environment and before they were willing to rate the toys and learning devices as to appropriateness.

According to Lindsey (1983), the successful implementation of any inservice

program depends on three variables: the personalities, abilities, desires and motivations of the paras and teachers employed; the skills of the person selected to support the integration (the person in charge must be regarded favorably and must possess adequate interpersonal management skills); and the quality and consistency of the inservice presentation and the supervised activities designed to develop and maintain interpersonal relationships. However, the ultimate responsibility for job satisfaction rests with the special education teachers and the paraprofessionals themselves. They must come to understand that a change in role definition can be beneficial, both to themselves and to those they serve. They must be willing to team teach with those in various educational domains. They must stay mentally alert by making the most of inservice presentations which describe innovative educational techniques. They must be acutely aware of repetition and routines which are inherent in both regular and special education programs; however, the diversity of a new program, such as the one outlined in the inservice presentations conducted by this writer, can create excitement and interest for all educators and their students.

The teachers and the paraprofessionals verbally indicated that although they did not appreciate taking on an extra assignment in the classroom, they reported, as a result of this program, new social relationships had been formed between client and staff member. Moreover, they indicated that the children were beginning to use free time in more constructive fashions; they indicated

that room management techniques did maximize the potential of resources and personnel; that the children's fine motor skills, as well as their levels of cognitive functioning improved slightly or moderately (as evidenced by the children's performance on IEP goals); that the parents took a greater interest in their child's toy selection; and that inappropriate behaviors were inhibited somewhat as a result of the program. Finally, it appeared that the children and the adults greatly enjoyed participating in the new learning experience. These findings are consistent with similar studies presented in Valletutti and Sims-Tucker (1984).

Recommendations

Once a base of toys has been established, it is recommended that toys be categorized and catalogued according to some type of category system, such as the one used by the Canadian Association of Toy Libraries. Once toys are categorized and catalogued, they must be marked with a catalogue number and stored in an attractive and easily accessible fashion. Moreover, a record system must be established to keep track of toys and borrowers. Toys which are dirty, unsafe or not working should be discarded. Future fundraisers should be held for the purpose of replenishing toys for the library (Musselwhite, 1986).

Dissemination

Most of the day training centers in the state do not have a library of adapted toys or children's literature. The writer is prepared to discuss her practicum project at a future Office

of Education meeting in hopes that the other center personnel will begin implementing such a program at their facilities. Moreover, the writer will prepare an article (which discusses her program and the findings) for inclusion in a journal published by her professional organization, the American Speech-Language-Hearing Association.

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APPENDIX A

CONSUMER EVALUATION SHEET AND RATING OF TOYS USED IN PLAYTIME PROGRAM

CONSUMER EVALUATION SHEET

Student: Name of toy_____

Manufactured by_____
Is the toy handmade?_____(yes, no)
TYPE OF TOY: Circle all items that apply.

1. Soft toy (stuffed animals, beanbags)
2. Naturalistic (Common objects found in home and outside, for example, sponges, coffee cans, pots and pans, plastic bottles filled with pebbles)
3. Nonreactive toys (picture books, blocks)
4. Reactive toys (toys that do something or perform an action or actions)
   a. Visual: (light-producing toys, brightly-colored manipulatives (fluorescent toys, for example)
   b. Auditory: (talking or musical, for example a cassette recording or a talking stuffed animal)
   c. Olfactory: (scratch and sniff books, toys with a built-in fragrance)
   d. Tactile: (specifically, vibrating toys)
   e. Wheeled: (moving toys)
   f. Adapted: (battery-operated switch toys, remote-control toys)

TYPE OF ACTIVITY
Is it free play?_____(yes, no)

Is it structured, cooperative play?_____(yes, no) What objective, if any, did you use? #_____

Is it independent play?_____(yes, no)

WHAT DID THE CHILD DO WHEN THE TOY WAS PRESENTED?
1. No reaction

2. Positive
   a. Verbal interaction (vocalized in presence of toy + or - another; the child used vowel sounds, consonant-vowel combinations; 2-syllable babbling; word approximation; single-word utterances; 2-3 word phrases; full sentences).
   b. Visual inspection (staring, gazing at, looking at, watching)
   c. Purposeful actions (pushing, pulling, grasping, opening, shaking, stacking, turning, closing, other, please note_____

d. Oral exploration (mouthing, licking)

e. Sharing behaviors (showing/extending giving)

f. Tactile exploration touching, banging, hitting lightly with hands

g. Olfactory exploration (sniffing)

3. Negative

a. throwing b. used toy as a weapon

c. destructive d. jumped on top of toy

e. engaged in self-stimulatory behaviors with toy

f. did not sustain attention (child moved away from toy)

g. child was tactually defensive

BEHAVIORS ASSOCIATED WITH TOY

This toy

a. may possibly provoke or does provoke seizure activity.

b. suggests stimulus overload.

c. is too heavy.

d. is too difficult physically to operate.

e. is not too difficult physically to operate.

f. is unsafe (has jagged edges, little pieces, breaks easily).

g. is not developmentally appropriate for the child.

h. is developmentally appropriate for the child.

i. is of little play value.

j. is washable.

k. does one or two things well.

Number of seconds or minutes child was engaged in play with

toy_____

Name of interactor_____

What is your relationship to the child?

aide technician mother father

sister aunt brother neighbor

grandmother grandfather friend uncle

other_____foster mother foster father

Rating of Toys Used in PLAYTIME Program[a]

Name of Toy and Manufacturer	Type of Toy	Behaviors Associated with Toy
1. Keyboard Accordian (Hering-Primex)	Reactive/Visual	d e h j k
2. Puppy Go Around (Blue Box)	Reactive/Visual Adapted	e h j k
3. Big Sound Bike Horn (Proll Toys)	Reactive/Auditory	e h j k
4. Brite Bear Express Train (Colorforms)	Reactive/Visual Adapted	b d i j
5. Peek-A-Boo Inflatable (Manufacturer Unknown)	Reactive/Auditory Visual	e h j k
6. Casey the Tape Recorder (Playskool)	Reactive/Visual Auditory/Adapted	e h j k
7. Pillow Speaker (Radio Shack)	Reactive/Auditory	e h j k
8. Wind-Up Seaplane (Playskool)	Reactive/Wheeled	e h j k
9. Tutor Play Computer (Tomy)	Reactive/Visual	e h j k
10. AM/FM Stereo Radio with Headphones (GMX)	Reactive/Auditory	a e h j k

11.	Magic Hand (Roddy)	Nonreactive/Soft toy Visual	d e h j k
12.	Wonder Wheels (Unimax Distribution)	Reactive/Visual	d e h j k
13.	Carebears Toothbrush (Kenner)	Reactive/Auditory Tactile	h j k
14.	Jump Rope Bear (Illco Toys)	Reactive/Auditory Wheeled	d f j
15.	Black Baby Doll (Goldberger Dolls)	Soft toy	h j
16.	Charlie Menudo Action Figure (Manufacturer Unknown)	Nonreactive	e h j k
17.	See and Say Phone (Mattel)	Reactive/Auditory Visual	d e h j k
18.	Remote Control Popples (Arco)	Reactive/Visual Wheeled/Adapted	d e h j k
19.	Teddy Beddy Bear in the Box (Fisher-Price)	Reactive/Visual	e h j k
20.	Stack 'N Tumble Clowns (Lakeside)	Nonreactive	b d h j k
21.	Viewmaster Showbeam (Viewmaster)	Reactive/Visual	i
22.	Inter-Com Telephone Set (Ideal)	Reactive/Auditory	e h j
23.	Colored Mobile (Fischer America)	Reactive/Visual	e h j k
24.	Stack and Play Learning Rings (Shelcore, Inc.)	Visual Soft toy/Reactive	e h j
25.	The Spinning Bee (Chicco)	Reactive/Visual Wheeled	a d h j k

26.	Tub Blocks (Colorforms)	Nonreactive/Visual	e h j k
27.	Floating Tub Puzzle (Illco)	Reactive/Visual	e h j k
28.	Touch and Talk Train (Tomy)	Reactive/Visual Auditory	e h j k
29.	Magic Record (Steven Kanor, Inc.)	Reactive/Auditory Adapted	d e h j k
30.	Colorspin (Mattel)	Reactive/Visual	a d e g h j
31.	Treehouse Monkeys (Blue Box)	Reactive/Auditory Wheeled/Adapted	e h j k
32.	Baby Grand Piano (Playskool)	Reactive/Auditory Visual	e h j k
33.	Fairlady Patrol Car (Steven Kanor, Inc.)	Reactive/Auditory Wheeled/Adapted	a b e h j k
34.	Musical Carousel (Chicco)	Reactive/Auditory Visual	d h j k

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[a] Results obtained by looking at completed CESs.

APPENDIX B

PLAYSKILL QUESTIONNAIRE

AND CHECKLISTS

Dear family member,

I am trying to get a toy library at the Day Training Center which will enable you and your family to borrow toys, cassette recordings and informative literature. However, I need your help because I can not accomplish this task by myself. Please be kind enough to complete the enclosed form and return it to the center with your child. The questions on this form correspond to items covered in a luncheon workshop which will be held sometime in the near future. In addition, by providing me with this information, I will be able to order the most appropriate learning device(s) for your child.

Thank you very much for your cooperation.

Yours,

Natalie Kreitzman, MA-CCC/SLP

Natalie Kreitzman, speech therapist

P.S. I would like to see how you play with your child at home. I am available for home visits on the weekends and during the early evening hours. Please indicate whether you would like me to come to your home by completing the section at the end of the questionnaire. Please know that all information provided will be strictly confidential.

PLAYSKILL QUESTIONNAIRE

Please take a moment of your time and answer the following questions.

1. Student's name_____

2. Do you set aside time during the day to play with your child?_____(yes, no)

3. If so, what types of toys do you use?
   Please place a check mark next to all applicable items.
   a. cradle gyms_____
   b. mobiles_____
   c. multicolored and multitextured objects_____
   d. floating toys (in bathtub)_____
   e. stacking toys (blocks, for example)_____
   f. crayons and coloring books_____
   g. cassette recordings_____
   h. stuffed toys_____
   i. inflatable toys_____
   j. balls_____
   k. battery-operated toys_____
   l. paints_____
   m. wheeled toys (toys that move)_____
   n. homemade toys (puppets, homemade musical instruments)_____
   o. container toys_____
   p. noise-making toys_____
   q. dolls_____
   r. puzzles_____
   s. other_____(please name)

4. Does your child have a favorite toy?_____(yes, no)
   Please provide name of toy and the manufacturer if known:

   _____

5. Does your child get to interact with siblings and other neighborhood children?_____(yes, no)
   a. Do you encourage group play activities with you, your handicapped child, your other children, plus or minus neighborhood children?_____(yes, no)

6. Do you play peek-a-boo games or finger games with your child?
   _____(yes, no)

7. Do you read to your child?_____(yes, no). If so, do you show your child the pictures in the book?_____(yes, no).

8. Do you sing to your child?_____(yes, no) Does he sing

with you?_____(yes, no)

9. Does your child wear earphones and listen to music/story tapes?

_____(yes, no).

10. Do you encourage imitative activities? (Your child helps you to stir, sweep and/or dust)_____(yes, no)

11. When you play with your child, do you:

a. observe facial expressions, gestures, body postures and movements?_____(yes, no).
b. use shortened language forms?_____(yes, no).

c. provide your child with an opportunity to respond to your questions?_____(yes, no).

d. use descriptive words when appropriate, such as big, little? _____(yes, no).

e. talk in another language (not English)_____(yes, no).

f. label items in the environment?_____(yes, no).

g. imitate or expand on your child's vocalizations?_____(yes, no).

h. use wide gestures, such as, let child see mouthing of word; smile broadly; touch child's face as a way of encouraging him to pay attention; speak in a louder voice and with more expression; whisper in his ear; use natural signs; let him occasionally touch your mouth when you are speaking? _____(yes, no)
i. explain what a toy does and give him oral directions to follow?_____(yes, no)
j. encourage use of please and thank-you?_____(yes, no)

11. When your child plays by himself, what does he do?

_____

_____

_____

12. Do you allow your child to explore his environment?_____ (yes, no).

13. Who is the person that your child likes to interact with the most?_____

What does your child do that gives you that idea?_____

_____

_____

14. Does your child have a toy box, a toy shelf or a toy closet?_____(yes, no)
15. Do you provide your child with a variety of sounds: bells, whistles, horns, telephones, music boxes?_____(yes, no)

16. Do you give your sounds names, such as beep-beep, ding-dong, toot-toot, ring-ring, etc?_____(yes, no)

17. Does your child spend a lot of time watching tv?_____(yes, no)

18. Do you talk to your child while you are doing household chores?_____(yes, no)
    a. Do you explain to your child what you are doing?_____(yes, no)

Do you know what toys are appropriate for your child and what his language needs are?_____(yes, no).

WOULD YOU LIKE ME TO COME TO YOUR HOME ON EITHER SATURDAY OR SUNDAY OR AT ANOTHER CONVENIENT TIME SO THAT I CAN GET TO KNOW YOU AND YOUR CHILD'S LANGUAGE NEEDS A LITTLE BETTER?_____(yes, no).

If you indicate yes, I will be very happy to call you so that we can set up a good time for the visit.

THANK YOU VERY MUCH FOR COMPLETING THIS FORM. Natalie Kreitzman, speech therapist.

The following checklist was developed by this writer and contains modifications of key ideas proposed by Risley (1987).

ITEMS WHICH APPLY TO THE CHILD'S HOME ENVIRONMENT

1. There is strong evidence of inappropriate interactions between child and family member(s) (loud verbal exchanges, screaming, shaming words, profanity). Y N

2. There is strong evidence of appropriate interactions between child and family member(s) (use of auditory commands, use of shortened language; use of adjectives--big and little--; labeling; gross signs; finger play; positive reinforcers; use of turn-taking; use of co-active and cooperative techniques; good use of imitation). Y N

3. There is strong evidence of no interaction between child and family member(s). Y N

4. Child assists in putting out materials for a play activity. Y N

5. Child assists in clean-up when play activity is over. Y N

6. The caregiver explains to child the function of a toy and what the child is expected to do with it. Y N

7. Incidental teaching is built-in (when the child indicates an interest or when a problem arises). Y N

8. The caregiver makes use of a multi-sensory environment. The caregiver provides child with opportunities to smell; touch toys; listen to recordings and to directions; and to visually explore objects and persons. Y N

9. The caregiver uses visual cues in the environment. There are reminders on toy shelves, toy closets, toy box. Certain shelves are low enough so that the child may obtain a toy without assistance (as a means of encouraging independent play) or high enough so that the child can glance towards or point to an item beyond reach as a means of encouraging cooperative, structured play activities. Y N

10. There are places designed for play activities. (A child table and chair set, for example, or a mat on the floor) Y N

11. Hazards are eliminated. The child is not in danger when he is playing alone. Toys which make use of small beads or pegs are hidden away. Y N

12. Unnecessary movement is controlled via barriers or restraints. Visual distractions are controlled for or are eliminated. Y N

13. The caregiver makes certain that the child pays attention to directions. Y N

14. The toys in the room appear to be age/developmentally appropriate. Y N

15. Toys are in good condition. Pieces of toys are not scattered about. Y N

16. Toys are not evident. Y N

17. As children inspect toys orally, toys appear to be washed frequently. Y N

18. Toys are safety-oriented. Y N

19. The caregiver makes use of environmental playthings (sponges, cans, plastic bottles filled with pebbles). Y N

20. Toys are brightly-colored. Y N

21. Toys are used which have more than 2 sensory components encouraging stimulus overload. Y N

22. The television set is on in the background. Y N

23. The stereo is on in the background. Y N

24. Reactive toys are used. Light-producing toys, moving toys, mobiles, noise-making toys. Y N

25. Toys are provided which have too many parts and appear to be difficult for the child to operate. Y N

26. The child is given a choice of toy. Y N

27. The caregiver replaces an inappropriate behavior with an appropriate behavior. Y N

28. The caregiver makes use of different positions. The child manipulates toy, for example, while positioned over wedge Y N

COMMENTS_____

_____

Please make a note of any items which you were not able to personally observe at the time of the evaluation. Also note if a caregiver

served as an informant in order to answer any of the questions.

EVALUATOR'S NAME AND
TITLE_____

The following checklist was developed by this writer and contains modifications of several key ideas proposed by Risley (1987).

ITEMS WHICH APPLY TO THE DAY TRAINING CENTER

1. There is strong evidence of inappropriate interactions between clients and staff members (loud verbal exchanges, screaming, shaming words, profanity). Y N

2. There is strong evidence of appropriate interactions between clients and staff members (use of auditory commands; use of shortened language; use of adjectives--big and little--; labeling; gross signs, singing; finger play; positive reinforcers; use of turn-taking; use of co-active and cooperative techniques; good use of imitation). Y N

3. Clients assist in putting out the materials for play activity. Y N

4. Clients assist in clean-up--after activity is over, toys are put away. Y N

5. All staff members are participants in group activity (storytime, social games). Y N

6. Rules are made for controlling inappropriate behaviors and are carried through. The distraction technique (Honig, 1981) is used to eliminate fights. Y N

7. Activities are assigned to particular persons on a daily basis. Y N

8. Particular persons are assigned to particular areas in the classroom. Y N

9. Particular persons are assigned to or naturally gravitate towards particular clients (bonding, attachment). Y N

10. Staff members record or use checklists to monitor child's performance on all playskill tasks. Y N

11. Teacher communicates to staff and clients the objectives of each lesson. (Is it a tactile, visual, olfactory or auditory experience?) Y N

12. Incidental teaching is built in (when a client indicates an interest or when a problem arises). Y N

13. Staff uses visual cues in the environment, for example, reminders on toy shelves, toy closets, toy box. Some shelves are low enough so that the child may obtain a toy and/or high enough so that he may glance towards or point to an item beyond reach. The toy closet is accessible. Y N

14. There is a place for all play materials. There are places designed for play activities. Table toys are near tables. Y N

15. Hazards are eliminated. The wheelchairs are not in the way during the play activity. Toys which make use of small beads or pegs are hidden away. Y N

16. Unnecessary movement is controlled via barriers or restraints. Visual distractions are controlled for or are eliminated. Y N

17. Devices are around to maintain client behaviors without staff assistance (child is able to hold on to table or use a walker appropriately). Y N

18. Ventilation, lighting, accustics are appropriate to activity. Y N

19. Staff-staff interaction is minimal. Y N

20. Staff-client interaction is maximized. Y N

21. There is program variety for clients. A period of time may be designated for fine-motor activities, but the activities change frequently. Y N

22. Responsibilities of staff do not overlap. Y N

23. Teacher tells staff what the anticipated

daily activities will be. Y N

24. Staff has input into daily activities. Y N

25. Staff members make certain that child pays attention to directions. Y N

26. The teacher has inventoried the play materials that are in the classroom. Inappropriate materials are offered to other teachers for their use. Y N

27. The toys in the room are age/developmentally appropriate. The toys for the older children are not too juvenile. The cassette recordings appeal to a pre-adolescent, or to a preschooler. Y N

28. Toys are in good condition. Pieces of toys are not scattered about. Y N

29. As children inspect toys orally, toys are washed frequently. Y N

30. Toys are safety-oriented. Y N

31. Staff makes use of environmental playthings. (sponges, cans, plastic bottles filled with pebbles). Y N

32. Toys are brightly-colored. Y N

33. Toys are used which have more than 2 sensory components encouraging stimulus overload. Y N

34. Reactive toys are used. Light-producing toys, moving toys, mobiles, noise-making toys. Y N

35. Staff members encourage visual, auditory, tactile and olfactory inspection of toys. Y N

36. Toys are provided which have too many parts and are difficult to operate. Y N

37. The client is given a choice of toy. Y N

38. Staff replaces an inappropriate behavior with an appropriate behavior. Y N

39. Staff makes use of different positions. Child manipulates toy, for example, while positioned over wedge. Y N

40. When a staff member is trying to encourage a specific play response, there is music playing in the background. Y N

41. When introducing media, such as finger or brush paints, crayons, paste, puddings, jello, running water and/or sand, the staff members do not expect the child to touch, taste, smell and alert to sounds at the same time he alerts visually. Y N

COMMENTS

Please make a note of any items which you were not able to personally observe at the time of the evaluation.
Also note if a staff member served as an informant in order to answer any of the questions.

EVALUATOR'S NAME AND
TITLE_____

APPENDIX C

PLAY SKILL CURRICULUM

INSTRUCTIONAL GUIDE #1

Student:

Date of birth: Classroom:

ANNUAL GOAL: Upon presentation of a toy, the child will visually attend for 5 seconds on 5 consecutive days for a 3-week period.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. Upon command, the child will lift his head to an upright position in midline with his body.
2. Upon verbal and physical assistance, the child will look at and touch the toy presented.
3. Without touching the object, but with verbal and physical assistance, the child will visually attend to the toy for 2 seconds.
4. With verbal prompting only, the child will visually attend to a toy for 2 seconds.
5. With verbal and physical assistance, the child will visually attend to a toy for 3 seconds.
6. With verbal prompts only, the child will visually attend to a toy for 3 seconds.
7. With verbal and physical assistance, the child will visually attend to a toy for 5 seconds.
8. With verbal prompts only, the child will visually attend to a toy for 5 seconds.
9. Upon presentation of a toy, the child will visually attend for 5 seconds on 5 consecutive days.

STRATEGIES AND TECHNIQUES:

Principles of behavior modification.

MATERIALS AND RESOURCES:

Toys or brightly-colored manipulatives

CRITERIA FOR MASTERY: 5 seconds for 5 consecutive days for a 3-week period.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #2

Student:

Date of birth: Classroom:

ANNUAL GOAL: With verbal cues, the child will track various light toys and brightly-colored toys presented to him.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be positioned with his head in midline.
2. The child will look at a light toy or a brightly-colored manipulative at midline with verbal cues.
3. The child will consistently visually track a light toy horizontally from midline given verbal cues.
4. The child will consistently visually track a light toy vertically from midline given verbal cues.
5. With verbal cues, the child will track various light toys and brightly-colored toys presented to him, four out of five trials on 5 consecutive days.

STRATEGIES AND TECHNIQUES:

Verbal prompts
Physical prompts

MATERIALS AND RESOURCES:

Various light toys (Glow Baby, for example) and brightly-colored toys

CRITERIA FOR MASTERY:
four out of five trials on 5 consecutive days.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #3

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will visually attend to and physically interact with functional objects in his immediate environment.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. When shown an object by the instructor, the child will be encouraged to look at it.
2. The child will be physically assisted in touching/feeling the object Child's hand will be molded around the object.
3. The instructor will verbally describe the object (using language which takes into consideration child's developmental language age) and its use to the child.
4. The instructor will physically and verbally lead child through a demonstration of the object.
5. The child will be encouraged to use or play with the object presented in an appropriate fashion.
6. The child will interact with functional objects in his immediate environment.

STRATEGIES AND TECHNIQUES:
Verbal direction, physical assistance, hand-over-hand procedure.

MATERIALS AND RESOURCES:
naturalistic toys (homemade musical instruments (plastic bottles filled with beads, pots and pans to pound together); home-made clay; sponges)
CRITERIA FOR MASTERY: 80% of the time, 5 days per week.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #4

Student:

Date of birth: Classroom:

ANNUAL GOAL: When presented with a common object, the child will visually attend to and appropriately manipulate it for 15 seconds

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be sitting correctly in his wheelchair or on the mat with the instructor sitting next to him.
2. The child will be presented with a common object and verbally dircted to look at it.
3. The child will establish initial eye contact with the object.
4. The child will manipulate the object appropriately with hand-on-hand assistance (co-actively) for 5 seconds.
5. The child will manipulate the object appropriately for 5 seconds with a physical prompt (cooperatively).
6. The child will manipulate the object appropriately for 5 seconds independently (reactively).
7. Objectives 4, 5, and 6 repeated for 10 seconds.
8. The child will visually attend and appropriately manipulate an object for 15 seconds.

STRATEGIES AND TECHNIQUES:
Physical prompts (help physically to touch/grasp object)
Verbal prompts
Fading techniques (drop back to let child manipulate on his own).

MATERIALS AND RESOURCES:
Common objects (squeak toys, musical toys, busy-box, switch-activated toys).

CRITERIA FOR MASTERY:
four out of five trials on 5 consecutive days

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #5

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will make a positive response to incoming auditory stimuli

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will tolerate being positioned for the activity.
2. Upon hearing the verbal request "Look," in conjunction with a physical prompt, the child will look at a tape recorder.
3. The child will put a cassette tape into a tape recorder with hand-on-hand assistance upon hearing a verbal request from the instructor.
4. The child will put a cassette tape into a tape recorder with a physical prompt upon hearing a verbal request from the instructor.
5. The child will put a cassette tape into a tape recorder when requested to do so.
6. The child will close door of tape recorder (with hand-on-hand assistance) upon hearing a verbal request from the instructor.
7. The child will close door of tape recorder (with a physical prompt) upon hearing a verbal request from the instructor.
8. The child will close door of tape recorder when requested to do so.
9. The child will place earphones on his head (with hand-on-hand assistance) upon hearing a verbal request from the instructor.
10. The child will place earphones on his head (with physical prompt) upon hearing a verbal request from the instructor.
11. The child will place earphones on his head upon hearing a verbal request from the instructor.
12. Upon hearing a verbal request, "Listen," the child will sit quietly as instructor activates a sound-making cassette recording.
13. Upon hearing a sound-making cassette, the child will respond with a positive response (eye blinks, vocalizations, motor activity, change in facial expression and/or body posture).

STRATEGIES AND TECHNIQUES:
Principles of behavior modification.

MATERIALS AND RESOURCES: Musical recordings, story books on tape.
Note: If instructor does not wish earphones or tape recorder to be utilized, noise-making toys or an instructor reading a story book aloud may be substituted. The objectives may be modified accordingly.

CRITERIA FOR MASTERY: Four out of five times during five consecutive sessions.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #6

Student:

Date of birth: Classroom:

ANNUAL GOAL: The student will persist in order to obtain a preferred toy. The student will persist for 20 seconds in order to obtain a partially hidden toy, a toy which is out of reach and a moving toy.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will reach out and move a toy towards herself while visually attending to the preferred toy.
2. The child will reach out and attempt to obtain a toy out of reach, persisting for 5 seconds.
3. The child will reach out and attempt to obtain a toy which is partially hidden, persisting for 5 seconds.
4. The child will reach out and attempt to obtain a toy which is moving, persisting for 5 seconds.
5. Repeat objectives 2, 3, and 4 for a duration of 10 seconds.
6. Repeat objectives 2, 3, and 4 for a duration of 15 seconds.
7. Repeat objectives 2, 3, and 4 for a duration of 20 seconds.
8. The child will persist for 20 seconds in order to obtain a preferred toy.

STRATEGIES AND TECHNIQUES:
Verbal and physical prompts, as necessary

MATERIALS AND RESOURCES: Any toy which keeps the child amused

CRITERIA FOR MASTERY:
The child will persist for 20 seconds in order to obtain a desired object, 80% of the time, for 5 consecutive days.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #7

Student:

Date of birth:

Classroom:

ANNUAL GOAL: When presented with a small common object, the child will grasp and maintain his grasp for 10 seconds.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be positioned with his head in midline.
2. When presented with an object, the child will reach out for it.
3. When presented with an object, the child will reach out for it and place his open hands on it.
4. When presented with an object, the child will close his fingers on it complete grasp (with hand-on-hand assistance/co-actively).
5. When presented with an object, the child will close his fingers on an object to complete grasp independently.
6. The child will maintain his grasp on object for 2 seconds.
7. The child will maintain his grasp on object for 5 seconds.
8. The child will maintain his grasp on object for 8 seconds.
9. The child will maintain his grasp on object for 10 seconds.

STRATEGIES AND TECHNIQUES:
Physical assistance, fading techniques, verbal prompts

MATERIALS AND RESOURCES:
Small bright common objects

CRITERIA FOR MASTERY:
four out of five trials, 5 days per week.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #8

Student:

Date of birth: Classroom:

ANNUAL GOAL: When presented with a noise-making toy suspended slightly above the child's head, the child will pick up his head and manipulate toy for 40 seconds.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be seated correctly in his wheelchair with tray attached or on the mat in preparation for the activity.
2. The child will give initial eye contact to the toy which is slightly suspended above his head, after instructor gives verbal cue.
3. The child will manipulate toy, with his head up, visually regarding toy.
4. The child will continually manipulate toy, with his head up, for 20 seconds with verbal prompts.
5. The child will continually manipulate toy, with his head up, for 20 seconds.
6. Repeat objectives 2-5 until annual goal of 40 seconds has been achieved.

Note: A hand-on-hand objective (co-active) and/or a physical prompt objective (ccoperative) may be inserted between the second and third steps if child is unable to manipulate toy independently.

STRATEGIES AND TECHNIQUES:
Personalized verbal commands, verbal praise, fading techniques

MATERIALS AND RESOURCES:
Cause-and-effect toys, i.e. squeaking parrot in cage.

CRITERIA FOR MASTERY:

four out of five trials, 5 days per week. IMPLEMENTORS:

INSTRUCTIONAL GUIDE #9

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will use his hand to activate a pad switch to operate a battery-operated learning device by making physical contact upon receiving a verbal cue.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will sit in his chair or on mat, ready to play.
2. The child will give eye contact to toy as it is operating.
3. The child will allow instructor to activate switch using his hands (hand-over-hand,co-actively).
4. The child will initiate operation of switch upon hearing the verbal cue, "Put on."

STRATEGIES AND TECHNIQUES:

Verbal cues
Hand-over-hand
Verbal praise
Instructor demonstration

MATERIALS AND RESOURCES:

Adaptive toys

CRITERIA FOR MASTERY:
8 out of 10 times, five days per week.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #10

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will tolerate staff hand-over-hand assistance while experiencing various instructional media for 20 seconds

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be seated in a co-active fashion or with the instructor next to him for the duration of the activity.
2. The child will be presented with a manipulative item.
3. The child will accept initial hand-over-hand manipulation of the object.
4. The child will accept continuous hand-over-hand manipulation of the object.

STRATEGIES AND TECHNIQUES:
Using hand-over-hand assistance along with verbal prompts.

MATERIALS AND RESOURCES:
Small brightly-colored manipulatives, textured toys

CRITERIA FOR MASTERY:

Four out of five times on 5 consecutive days

IMPLEMENTORS:

INSTRUCTIONAL GUIDE

Student: #!!

Date of birth: Classroom:

ANNUAL GOAL: The child will be presented with a variety of texture toys to encourage tactile discrimination and to discourage tactile hypersensitivity and will respond in a positive manner.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be seated appropriately for this activity.
2. The instructor will present a small soft toy and will verbally direct child's attention to it.
3. The instructor will physically manipulate child's hands to touch and explore the toy.
4. The instructor will touch the toy to the child's face, hands, and legs.
5. The instructor will elicit a response to the textured toy by touching the inside of child's arm and knee.
6. The first five steps will be repeated with hard, rough and smooth toys.
7. The child will respond in a positive manner when presented with a variety of texture toys.

STRATEGIES AND TECHNIQUES:
Hand-over-hand; physical manipulation; verbal direction and encouragement

MATERIALS AND RESOURCES:

Stuffed animals, hand puppets, brightly colored objects

CRITERIA FOR MASTERY: four out of five times over a 2-week period.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE

Student: #12A

Date of birth: Classroom:

ANNUAL GOAL: The child will consistently demonstrate the function of common objects/toys while in the classroom, the therapy session and in the home environment. The child will make an active choice of one item from a visual field of only three items.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will put his hands down on the table or on the lap tray in preparation for the task upon hearing a verbal command to do so.
2. The child will look at an object (held in instructor's hand) upon hearing the verbal directive, "Look,_____"
3. The child will visually attend while the instructor demonstrates object function, in conjunction with an action phrase.
4. The child will select one familiar object from a visual field of one upon hearing the verbal directive, "Take_____." He will use the object in a purposeful fashion with or without hand-on-hand guidance.
5. The child will select one familiar object from a visual field of two upon hearing the verbal command, "_____,What do you want?" He will use the object in a purposeful fashion with or without hand-on-hand guidance.
6. The child will select one familiar object from a visual field of three upon hearing the verbal command, "_____, Take one toy."
   Follow same procedure outlined in the fifth objective.
7. The child will demonstrate object function spontaneously when presented with the object/toy.

STRATEGIES AND TECHNIQUES:
Direct speech/language therapy
Individual work sessions in school and at home
positive reinforcement
Personalized commands--fill in blanks with child's name.
Have child select items positioned on a table or lap tray

MATERIALS AND RESOURCES: Busy box: pull handle, turn knob, press button, slide door, spin wheel, open drawer, flip switch
musical instrument: to bang, to beat toy iron: to iron
toy phone: to listen, to hear, to ring, to dial
toy broom: to sweep story book: to turn pages
tape recorder: to put on, to shut off (to make all-gone)
CRITERIA FOR MASTERY: 8 out of 10 trials on 5 consecutive days.

IMPLEMENTORS:

independently for 3 minutes.

STRATEGIES AND TECHNIQUES:
Verbal direction, physical assistance when necessary, principles of behavior modification.

MATERIALS AND RESOURCES: busy box, puzzles, form boards, pull toys, wheeled toys, musical instruments

CRITERIA FOR MASTERY: Independent play for 3 minutes, 5 days per week.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #123

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will demonstrate increased schema for exploring toys. The child will perform a variety of cognitive/interactional skills for 3 minutes upon receiving a toy or toys.

1. The child will watch intently while instructor manipulates a busy box/toy.
2. Upon hearing a verbal cue, such as, "You do," child will imitate instructor's demonstration.
3. The child will manipulate a toy/busy box spontaneously for 1 minute.
4. The child will bang a toy on the table or floor following instructor demonstration, in conjunction with a verbal cue.
5. The child will bang a toy on the floor or table upon hearing a verbal cue from the instructor.
6. The child will shake a noise-making toy following instructor demonstration, in conjunction with a verbal cue.
7. The child will shake a noise-making toy upon hearing a verbal cue from the instructor.
8. The child will bang two toys together following instructor demonstration, in conjunction with a verbal cue and a physical prompt.
9. The child will bang two toys together with minimal physical prompting upon hearing a verbal cue from the instructor.
10. The child will take a piece from a container or a form board following instructor demonstration, in conjunction with a verbal cue.
11. The child will take a piece from a container or a form board upon hearing verbal cue from the instructor.
12. The child will place a piece into a container or a form board following instructor demonstration, in conjunction with a verbal cue.
13. The child will place a piece into a container or a form board upon hearing a verbal cue from the instructor.
14. The child will pull a stringed toy following instructor demonstration in conjunction with a verbal cue.
15. The child will pull a stringed toy upon hearing a verbal cue from the instructor.
16. The child will push a wheeled toy following instructor demonstration, in conjunction with a verbal cue.
17. The child will push a wheeled toy upon hearing a verbal cue from the instructor.
18. The child will stack one block on top of the other following instructor demonstration, in conjunction with a verbal cue.
19. The child will stack one block on top of the other upon hearing a verbal cue from the instructor.
20. The child will engage in a variety of exploratory play schemes

INSTRUCTIONAL GUIDE #13

Student:

Date of birth: Classroom:

ANNUAL GOAL: Child will participate in object permanence games.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. Child will be seated correctly in wheelchair with lap tray attached or at table for this activity.
2. The child will be physically assisted and verbally directed to look at the toy on the tray/table.
3. The instructor will verbally explain to child (using language which takes into consideration child's language age) how she is covering the toy and will encourage child to maintain attention to it.
4. The instructor will physically assist child in uncovering the hidden toy, as well as give verbal encouragement.
5. Step #2 will be eliminated as child gives better eye contact.
6. Physical assistance will be eliminated as child's manipulation of the covering progresses.
7. The child will remove the covering over the toy and grasp the toy to manipulate it.
8. The child will be physically assisted and verbally directed to look at the toy on the tray/table.
9. The instructor will verbally explain to child how she will be pushing the toy off of the lap tray/table. The child will be allowed to physically assist instructor (in a hand-over-hand fashion) in pushing the toy off of the lap tray/table.
10. The instructor will once again push toy off of the lap tray (performed) in conjunction with giving the verbal command, "Toy fall, Look down." The child will be encouraged to watch as the instructor is performing the task and will look downward upon hearing the verbal command and upon receiving a physical assist.
11. The instructor will push toy from table. The child will watch the performance and will look downward upon hearing the verbal command, "Toy fall, Look down."
12. The child will look down upon seeing instructor's performance and upon hearing the verbal command, "Toy fall."
13. The child will search for a fallen toy.

Note: A Peek-a-boo game (utilizing a cloth over mirror) which encourages child to think about people who have gone out of sight, rather than toys, may be used in objectives 1-7.

STRATEGIES AND TECHNIQUES: Verbal prompts, verbal and physical praise, reinforcement of objectives, fading techniques, use of appropriate language, such as, "Where is toy? Oh, here is toy." or "Where is _____? Oh, here

he/she is," may be used in objectives 1-7.

MATERIALS AND RESOURCES: Manipulatory items and thin (light) coverings.

CRITERIA FOR MASTERY:
four out of five trials on 5 consecutive days.

INSTRUCTIONAL GUIDE #14

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will touch toys of different textures without experiencing tactile distress, 8 out of 10 times on 5 consecutive days.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will tolerate being positioned for this activity.
2. The child will allow instructor to place earphones on his head.
3. Upon hearing soft music via earphones, the child will touch a hard toy which is positioned on his lap tray/table.
4. Upon hearing soft music via earphones, the child will touch a smooth toy which is positioned on his lap tray/table.
5. Upon hearing soft music via earphones, the child will touch a rough toy which is positioned on his lap tray/table.
6. The child will touch toys of different textures without experiencing tactile distress.

NOTE: Hand-on-hand assistance or physical prompts may be utilized as necessary. The objectives must be modified accordingly.

STRATEGIES AND TECHNIQUES:

Soft music via earphones

MATERIALS AND RESOURCES:

Sound toys, hand puppets, toys taken from sensory stimulation kit provided by the Commission for the Blind.

CRITERIA FOR MASTERY:

8 out of 10 times on 5 consecutive days.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #15

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will demonstrate an increased receptive vocabulary of various developmentally appropriate toys by indicating (pointing to, picking up, finding, choosing, staring at) on verbal cue.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will visually and auditorily attend to the presentation and verbal labeling of toy.
2. When given a choice of two toys, child will indicate a specific toy when told its label.
3. The child will indicate a toy (from a group of 3-5 toys) when told its label.
4. The child will indicate a toy when told the toy's label.

STRATEGIES AND TECHNIQUES:

Individual and small group instruction
Physical prompting
Gestural cues
Time delay

MATERIALS AND RESOURCES:
Developmentally appropriate toys

CRITERIA FOR MASTERY:

80% over a 2-week interval.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE. #16

Student:

Date of birth: Classroom:

ANNUAL GOAL: When presented with a toy or personal learning device, and is verbally requested to identify it, the child will label the item (using an appropriate noun utterance, word approximation or sign)

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. Child will visually attend to instructor's presentation of item.
2. Child will listen and/or visually attend as instructor labels the item.
3. Child will repeat item's label following instructor's model.
4. When presented with a toy or personal learning device, child will label the item upon hearing the verbal request, "What is this?"

STRATEGIES AND TECHNIQUES:

Principles of behavior modification-token reinforcement. Verbal encouragement.

MATERIALS AND RESOURCES:
switch-activated devices, commercially-made toys, homemade toys

CRITERIA FOR MASTERY:

IMPLEMENTORS:

four out of five times during
five consecutive sessions.

INSTRUCTIONAL GUIDE #17

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will use vowels, consonant-vowels, 2-syllable babbling, word approximations and single words while engaged in play activities 8 out of 10 times during 5 consecutive sessions.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will attend to modeled vowels, consonant-vowels and 2-syllable babbling during play activities.
2. The child will use a variety of vowel sounds while engaged in play activities.
3. The child will use consonant-vowel patterns while engaged in play activities.
4. The child will use 2-syllable babbling (ba-ba, da-da, ba-da) while engaged in play activities.
5. The child will use word approximations while engaged in play activities.
6. The child will use single words while engaged in play activities.

STRATEGIES AND TECHNIQUES:
modeling and expansion
verbal, token reinforcement

MATERIALS AND RESOURCES:
mirror, tape recorder, manipulative toys, musical recordings

CRITERIA FOR MASTERY:
8 out of 10 times during 5 consecutive sessions.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #18

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will respond positively to a multi-sensory approach while increasing acceptance to various stimulation for 8 out of 10 trials on 5 conseutive days.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will be positioned appropriately either on the mat or in his wheelchair/adapted chair.
2. The child will be introduced to an olfactory device (a scratch and sniff book). The instructor will label device in an appropriate manner.
3. The child will allow instructor to place book near his nose.
4. The child will respond physically (change in facial expression or body posture) and/or verbally to various fragrances.
5. The child will be introduced to various tactile toys. The instructor will label toys in an appropriate fashion.
6. The child will allow various tactile toys to be placed on his upper and lower extremities.
7. The child will respond physically (change in facial expression or body posture) and/or verbally to various textures.
8. The child will be introduced to various cassette recordings--recordings of environmental sounds or juvenile songs. The instructor will label tapes in an appropriate fashion.
9. The child will respond physically and/or verbally to auditory stimuli.
10. The child will be introduced to various visual toys (brightly colored manipulatives, light toys and other reactive toys.
11. The child will respond physically and/or verbally to visual stimuli.
12. The child will respond appropriately to a multi-sensory approach while increasing acceptance to various stimulation for 8 out of 10 trials on 5 consecutive days.

STRATEGIES AND TECHNIQUES:
Verbal reinforcement
Physical prompts
Reinforcement of objectives
MATERIALS AND RESOURCES:
Tactile: stuffed animals, hand puppets, vibratory toys (Vibrating Glow Baby)
Olfactory: Strawberry Shortcake products, scratch and sniff books.
Auditory: Tapes of environmental sounds, nursery rhymes, finger game songs, squeak toys, musical instruments.
Visual: brightly colored manipulatives; light toys and other reactive toys.
CRITERIA FOR MASTERY: 8 out of 10 trials on 5 consecutive days.

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #19

Student:

Date of birth:

Classroom:

ANNUAL GOAL: The child will interact socially with a peer and/or an adult in a structured, small group setting in the classroom.

BEHAVIORAL OBJECTIVES: Starting date: Mastery date:

1. The child will use a social greeting (hello, hi, hand wave) which will signal the commencement of the interaction task.
2. The child will sit appropriately (face the other child or adult, feet on floor/head erect) in his chair while interacting with a peer/adult.
3. The child will select a toy or manipulative from a group of toys or manipulatives upon hearing a verbal request from the instructor.
4. The child will use appropriate language upon selecting a toy (thank-you).
5. The child will use toy in an appropriate fashion upon hearing a verbal request from the instructor.
6. The child will use toy in an appropriate fashion spontaneously.
7. The child will extend his toy to a peer or to an adult upon hearing the verbal command, "Please give toy to _____."
8. The child will release his toy to a peer or to an adult upon hearing the verbal command, "Please give toy to _____."
9. The child will wait "his turn" until given a verbal cue to "Please take toy from _____."
10. The child will use appropriate language in conjunction with the turntaking task (please, thank you).
11. The child will use a social greeting (good-bye, bye, so-long, hand wave) which will signal the conclusion of the interaction task.
12. The child will interact socially with a peer and/or an adult in a structured, small group setting in the classroom.

STRATEGIES AND TECHNIQUES:
Behavior modification techniques (verbal reinforcement, fading, shaping, physical prompts). Hand-on-hand assistance may be utilized when necessary. If child is unable to take toy on command, he may substitute an outward hand gesture for acceptance of an object: Note: Adult significant others and siblings may use the objectives as written in the home environment.

MATERIALS AND RESOURCES:

Toys, tape recorder and musical/story book cassette recordings

CRITERIA FOR MASTERY:

8 out of 10 consecutive sessions

IMPLEMENTORS:

INSTRUCTIONAL GUIDE #20

Student:

Date of birth: Classroom:

ANNUAL GOAL: The child will demonstrate acceptance or rejection of a noise-making toy. The child will demonstrate existence (awareness or whereness/whatnesss) of toy selected through visual, tactile, auditory and/or oral inspection (licking, mouthing).

1. The child will be seated appropriately for this activity.
2. The instructor will place a toy on the table.
3. The instructor will verbally and physically request child to look at toy positioned on table.
4. The instructor will activate the noise-making toy.
5. The instructor will verbally request the child to listen to the toy positioned on the table.
6. The child will either demonstrate acceptance by touching toy, vocalizing in a positive fashion, gazing intently at toy, manipulating toy or person in an attempt to reinstigate action, bringing toy towards ear, and/or by licking and mouthing toy; or will demonstrate rejection of toy by whining, crying, or turning head or body away.
7. If a toy is selected, the instructor will say, "Yes, you want the _____," and will physically move the child's head up and down to express acceptance.
8. Upon hearing the question, "Do you want the _____?" the child will move his head affirmatively.
9. If a toy is not selected, the instructor will say, "No, you don't want the _____," and will physically move the child's head from side-to-side to express rejection.
10. Upon hearing the question, "Do you want the _____?" the child will move his head in a negative fashion.
11. The child will demonstrate acceptance or rejection of a toy and will inspect toy in an appropriate fashion.

STRATEGIES AND TECHNIQUES:
Physical prompts, verbal reinforcement Note: Objectives 8 and 10 may be discontinued if child is unable to perform action unassisted.

MATERIALS AND RESOURCES:

Noise-making toys (reactive toys).

CRITERIA FOR MASTERY:

8 out of 10 times over a 2-week period

IMPLEMENTORS:

APPENDIX D

TALLEY SHEET

1. Student's Name_____

2. Date of IEP conference_____

3. Number of participants at the IEP conference_____

4. Number of representatives from the child's home_____

5. How are these people related to the child?_____

_____

_____

6. Was a play skill goal requested?_____

7. The name and title of the person or persons who requested the play skill goal_____

_____

_____

8. If a play skill goal was requested, which one was selected?_____

_____

9. Did the person who requested a play skill goal take part in either training session?

_____

10. If a person who requested a play skill goal did not take part in either training session, had he received descriptive literature from the writer?_____

11. If a play skill goal was not selected from the play skill curriculum, was an alternate play skill goal constructed by the participants? _____

If yes, why?_____

_____

12. Are the careproviders in the home willing to incorporate the play skill goal into their routine?_____

APPENDIX E

LIST OF BOOKS

The following is a list of colorful picture books and high interest-low level readers appropriate for developmentally delayed youngsters. This list and the others that follow have been developed by students from Nova University, Early and Middle Childhood Education Program, Cluster 21, Wilmington, Delaware for their Community Outreach Project.

Name of book	Author
Stone Soup	William Furstenberg
Owly	Mike Thaler
Rudolph the red-nosed reindeer	Barbara Shook Hazan
Favorite nursery tales	Walt Disney Books
The many faces of Ernie	Judy Freudberg
The Bremen-Town musician	Ruth Below Gross
Have you seen my brother?	Elizabeth Guilfoile
The jungle book	Walt Disney Books
Meet Babar and his family	Laurent de Brunhoff
Who wants an old teddy bear?	Ginnie Hofmann
The Pied Piper of Hamelin	Kay Brown
Care Bears caring is what counts	Ward Johnson
The first Thanksgiving	Ann McGovern
Busy, busy world	Richard Scary
Juanito's railroad in the sky	Vic Herman
Curious George gets a medal	H.A. Rey
The little rabbit	Judy Dunn
The runaway squash	Gale Wiersum
The little gray kitten	Polly Curren
Ten little animals	Feodor Rojankowsky
Cinderella	Walt Disney Books
Return to Oz	Walt Disney Books
Big Joe's trailer truck	Joe Mathieu
Tommy visits the doctor	Jean H. Seligmann
My teacher sleeps in school	Leatir Weiss
Lassie and the kitten	Ena Klemetti Grant
The little engine that could	George & Doris Hauman
Twelve bells for Santa	Crosby Bonsall
Jonny Quest and the lost city	Horace J. Elias
The teeny, tiny witches	Jan Wahl
Grover	Norman Stiles
Owl at home	Arnold Lobel
Wuzzles	Douglas Hutchinson
The magic fish	Freya Littledale

Name of book	Author
The Berenstain bears	Stan & Jan Berenstain
Big road race	Stan & Jan Berenstain
Mansion mystery	Stan & Jan Berenstain
Trouble with friends	Stan & Jan Berenstain
Go out for the team	Stan & Jan Berenstain
Get stage fright	Stan & Jan Berenstain
The coughing catfish	Stan & Jan Berenstain
Jingle bells	Kathleen N. Daly
Little golden picture dictionary	Tibor Gergely
I can count to 100, can you?	Katherine Howard
Five-hundred words to grow on	Harry McNaught
The little red hen	Evelyn M. Begley
Birds	Jane Werner Watson
The poky little puppy	Janette Sebring Lowrey
The riddle book	Roy McKie
Words	Selma Lola Chambers
Hansel and Gretel	My Tiny 3-D Series
A day on the farm	Nancy Fielding Hulick
I can see the sky	Ann Peters
Cinderella	Walt Disney Books
Raggedy Ann and the cookie snatchers	Barbara Shook Hazen
Little house on the prairie	Laura Ingalls Wilder
Fantasy summer	Susan Beth Pfeffer
The ghost of Windy Hill	Clyde Robert Bulla
Tick tock clock	Troll Associates
Good for you, Lolly	Ruth Brook
Peter Rabbit pockets	Carolyn Bracken
Find out by touching	Paul Showers
Corduroy goes to the doctor	Don Freeman
Meet Mrs. Tiggy-Winkle	Beatrix Potter
Nosy Mrs. Rat	Jeffrey Allen
Louanne Pig in the perfect family	Nancy Carlson
Mother Goose, or the old nursery rhymes	Kate Greenaway
Loudmouth George and the new neighbors	Nancy Carlson
The children of noisy village	Astrid Lindgren
Make way for ducklings	Robert McCloskey
Madeline: A pop-up book	Ludwing Bemelmans
A rainbow of my own	Don Freeman

BIBLIOTHERAPY: The written word helps brothers, sisters and friends of developmentally disabled youngsters gain the opportunity to develop an empathic understanding of the limitations posed by various handicaps as well as learn the similarities handicapped persons share with them. The following is a list of children's books about handicaps:

Brightman, A. (1978). Like me. Waltham, MA: Little, Brown.

Corrigan, K. (1984). Emily umily. Toronto: Annick Press.

Cosgrove, S. (1987). Fanny. Boston: Price, Stern, Sloane.

Hazen, B. S. (1985). Why are people different? Racine, Wisconsin: Western Publishing Company.

Heide, F. (1970). Sound of sunshine, sound of rain. New York: Parents' Magazine Press.

Hirsch, K. (1977). My sister. Minneapolis, MN: Crohrhoda Books.

Jewell, G. (1984). Geri. New York: Ballantine Books.

Klein, G. (1974). The blue rose. Westport, CT: Lawrence Hill.

Lasker, J. (1974). He's my brother. Niles, IL: Albert Whitman.

Lasker, J. Nick joins in. Niles, IL: Albert Whitman.

Levine, E. (1974). Lisa and her soundless world. New York: Human Sciences Press.

Litchfield, A. (1976). A button in her ear. New York: Concept Books.

Litchfield, A. A cane in her hand. New York: Concept Books.

Litchfield, A. Making room for Uncle Ice. New York: Concept Books.

Litchfield, A. Words in our hands. New York: Concept Books.

Mack, N. (1976). Tracy. Chicago: Childrens Press.

Cminsky, E. (1977). Jon O, a special boy. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Rothenberg, M. & White, M. (1986). David. New York: Berkley Books.

Stein, S. (1974). About handicaps. New York: Walker.

Vance, M. (1966). Windows for Rosemary. New York: E.P. Dutton.

Weverka, R. (1983). The story of Bill. New York: Bantam Books.

Wolf, B. (1974). Don't feel sorry for Paul. New York: Lippincott.

Wolf, B. (1977). Anna's silent world. New York: Lippincott.

Books recommended for parents and caregivers of developmentally disabled youngsters

Bolles, E. B. (1982). So much to say: How to help your child to talk. New York: St. Martin's Press.

Burkhart, L. J. (1987). More homemade battery devices for severely handicapped children with suggested activities. College Park, MD: College Park Press.

Butler, D. (1980). Cushla and her books. Boston: The Horn Book, Inc.

Chernus-Mansfield & Kekelis, L. (1988). Talk to me: A language guide for parents of blind children. Berkeley, California: University of California Publishers.

Hale, G. (1979). The source book for the disabled. New York: Paddington Press LTD.

McConkey, R. & Jeffree, D. (1983). Making toys for handicapped children. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Overbeck, D. B. (1981). Begin at the beginning. Boston: Exceptional Parent Press.

Schleifer, M. J. & Klein, S. (1985). The disabled child and the family. Boston: Exceptional Parent Press.

Weiner, F. (1986). No apologies. Boston: Exceptional Press.

APPENDIX F

POSITIVE AND NEGATIVE BEHAVIORS

RECORDED IN RESPONSE TO THE

PRESENTATION OF A TOY

Positive and Negative Behaviors Recorded in Response to the Presentation of a Toy[a]

Type of response offered by day training youngsters	No. of responses found in a specific behavior category
Verbal interaction	37
Visual inspection	71
Purposeful actions	64
Oral exploration	19
Sharing behaviors	6
Tactile exploration	25
Olfactory exploration	1
Throwing	2
Used toy as a weapon	1
Destructive	3
Jumped on top of toy	1
Self-stimulatory behaviors	5
Moved away from toy	9
Tactually defensive behaviors	2

[a]Results obtained by looking at 85 CESs completed during the end of phase 2.